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DEVOTED TO

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EDITED AND PUBLISHED BY

—ROBERT A. REID, M. D.,—

Fellow of the Mass. Eclectic Medical Society.

*"MAGNA EST VERITAS ET PRŒVALEBIT."*

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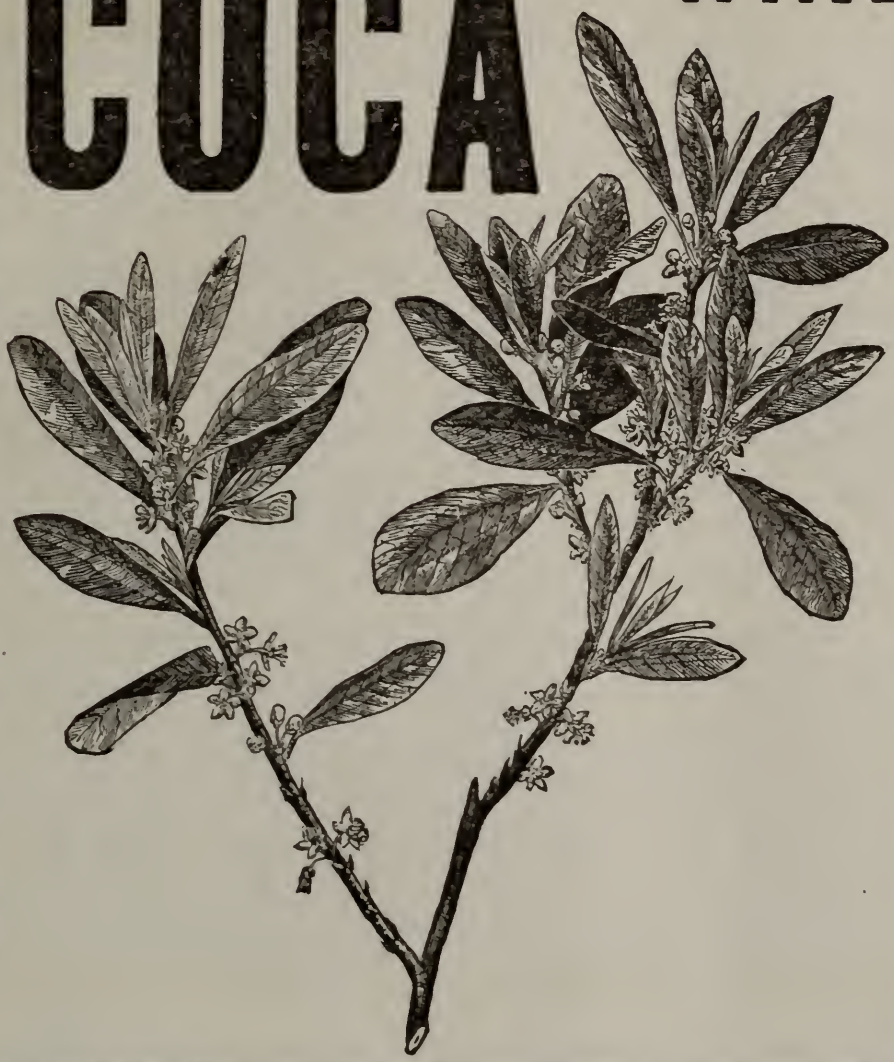

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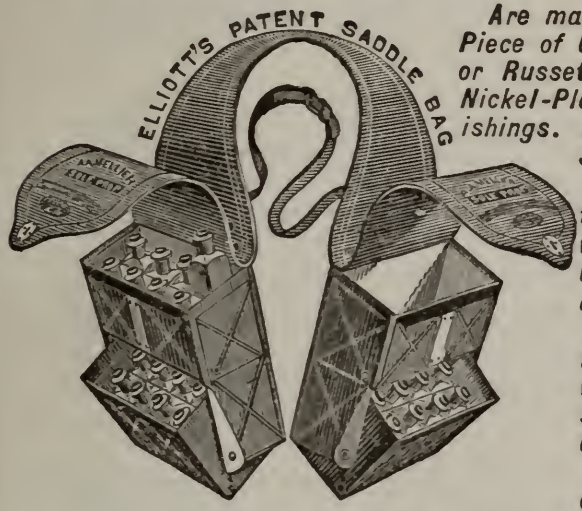


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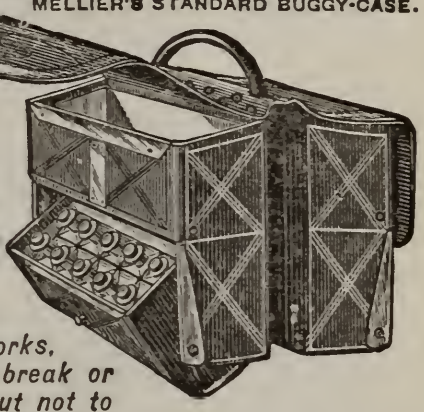

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MASSACHUSETTS
# ECLECTIC MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### *ADENOPATHY.*

BY E. YOUNKIN, M. D., ST. LOUIS, MO.

DISEASES of the glandular system are essentially of a sympathetic character, and the majority of these affections are secondary to some lesion or irritation at the periphery. The lymphatic glands must be considered in their relations to other organs, and especially must it be remembered that they are the organs through which the lymph is percolated from the tissues of the body, and that they are the media through which certain external substances are conveyed to the internal parts.

Certain molecular substances endowed with irritating properties may enter the peripheral tissues, and being carried along the centripetally conducting lymph vessels to the adjacent colony or plexus of glands may excite induration, inflammation, and abscess. In this way we understand how an infectious element is capable of producing disorder of a single gland, an entire group, or of the whole lymphatic system.

It is possible, and indeed probable, that many obscure pathological conditions owe their origin to disturbances of the lymphatics, and according to the present state of our knowledge it is not improbable that such affections as ascites, the effusion of pleuritis, hydrocephalus, and elephantiasis depend altogether upon obstructions of the lymph stream and diseases of the lymphatic

glands. It need not be absolutely a positive virus or deleterious element in order to involve the lymphatic glands, for any simple inflammatory, or irritating process, as that created by mechanical violence, may carry to the lymphatics, material that will set up hyperplastic cell-proliferation. To a still greater degree are these glands exposed to invasion by certain neoplasms. So constantly are the adjacent lymphatic glands involved in malignant disease, that this fact is regarded as almost pathognomonic of malignancy. Even where the seat of the disease is hidden within the body, we lay the greatest stress on this lymphatic enlargement.

The fact is not as well understood as it should be that peripheral irritation is capable of producing engorgement of these glands. It is well known that syphilis swells the adjacent lymphatics, but a simple sore may do the same. A boy stubs his toe, or has a simple abrasion on the foot or leg, and he may have enlargement and abscess of the inguinal glands. I have seen ordinary abrasion of the lips and cheeks creating great swelling of the submaxillary lymphatic group. Herpes labialis, and even a decayed tooth, may enlarge the neighboring lymphatic glands, and often the physician is puzzled to know the source of the difficulty. There may be, in many cases, predisposition to glandular disease, but the physician is too often inclined to charge all glandular enlargements, to scrofula. If the peripheral irritation be inquired into, in those cases in which otherwise the health seems perfect, the local lesion will be found to account for the glandular engorgement.

The object of this article is to call attention to the theory of peripheral lesion and to enable the reader to trace the paths through the lymph vessels to the glandular involvement, or, *vice versa*. With this view before us we shall take up some of the most important groups of the lymphatic system.

1. *The Submaxillary Lymphatic Glands.* These are twelve or fifteen in number, situated along the base of the jaw and over the submaxillary (salivary) gland. The lymph vessels leading to this colony come from the central portion of the forehead, from the cheek, and side of the nose. An irritation on the lips, face or gums may excite enlargement of these glands. If a lymphatic

gland is enlarged it is usually quite movable, while an enlargement of the salivary gland in the same location, is more stationary. In swellings of the lymphatic submaxillaries, look dilligently for the peripheral irritation in the above regions.

Miss L., aged 16 years, in whom appeared no trace of struma, and who seemed perfectly healthy, came to me with an enlarged lymphatic submaxillary gland, the size of an almond. I discovered a molar tooth on the same side, which had been filled with amalgum a month before, but which was neither painful nor sensitive. The enlargement could be readily moved about. No probable cause of the difficulty could be found, except the plugged tooth, and the dentist on being consulted ridiculed the idea of that being the cause. Treatment both internal and local, failed to reduce the enlargement. I drew the tooth, and in a very short time the gland assumed again its normal size.

John H., aged 5 years, had been healthy until quite recently. Through some means he had excoriated the buccal space. The small abrasions became inflamed and were indisposed to heal. The submaxillary lymphatic glands on the same side became enlarged. Dr. A., told the mother, her child was scrofulous, and gave cod-liver oil and syrup of the iodide of iron. The case fell into my hands. I could see no necessity for anything save a little soap and warm water, and a simple ointment to shield the sores from external irritants. In two weeks the abrasions were healed and the enlarged gland had yielded to the simple treatment.

Mrs. T., aged 35 years, corpulent; a woman of easy virtue; had a ragged and inflamed ulcer on the lower lip. A submaxillary lymphatic was enlarged to the size of a walnut. At first I suspected the labial sore to be a chancre, but I now believe my diagnosis to have been incorrect. I gave iodide of potassium and syr. stillingia comp., internally, and an iodoform ointment to the sore lip. As soon as the local inflammation subsided, and it began to heal as soon as protected from external irritants, the glandular enlargement yielded. It is not the mode of treatment, to which I desire so much to call attention, as to the simplicity in protecting the peripheral abrasions from the external irritation.

2. *The Parotid Lymphatic Glands.* These are from five to

ten in number, situated over the region of the parotid gland. They receive their lymph from the frontal and parietal regions; and from the upper part of the face and posterior part of the pharynx, and it is essential to know that irritation set up in the above regions may produce enlargement of this plexus of glands.

3. *The Mastoid Glands* are four or five in number, situated over the mastoid process. These glands are fed by lymph vessels from the top of the head, and are closely allied with the sub-occipital glands.

4. *The Sub-Occipital Lymphatics.* These are one or two in number at the nape of the neck, and their afferent lymph vessels come from the posterior and top of the scalp. The sub-occipital and mastoid glands are usually in a state of enlargement in tinea capitis and the natural deduction is that any morbid process in the above regions would involve these groups.

5. *The Supra Hyoid Glands* are situated beneath the chin on the median line of the neck. They receive lymph from the middle of the lower lip and chin.

6. *The Cervical Lymphatic Glands*, are divided into the superficial and deep, and the deep are sub-divided into the upper and lower. The superficial glands are five or six, and they lie along the external jugular vein superficial to the sterno-cleido-mastoid. Their lymph streams are from the external ear and neck. The upper deep cervical glands are situated about the bifurcation of the common carotid artery on a level with the hyoid bone. This group is supplied from the adenoid bodies of the tongue, from the palate, larynx, tonsils and deep muscles of the neck. This plexus is found involved in scarlatina, diphtheria, etc. The lower deep set will be found in the suprascapular fossa and receive lymph from the brain and vertebral canal, and from the adjacent parts of the neck.

7. *The Retro-Pharyngeal Glands*, are two small glands in front of the spine, behind the fauces. These are closely connected by lymph vessels to the nasal fossa, and it should be borne in mind that retro-pharyngeal abscess may result from post-nasal irritation. The superficial glands at the angle of the jaw are frequently enlarged in pharyngitis. Enlargement of the submaxillary lymphatics may be mistaken for disease of the

salivary submaxillary gland, but the latter when diseased is usually fixed, while the former is movable. Enlargement of the supra-hyoid glands may be mistaken for bronchocele, but close inspection will soon disclose the error.

The cervical lymphatics assume great proportions in scrofula. In scarlatina they may increase and excite dyspnœa and dysphagia by their pressure, upon the œsophagus or pneumogastric. Along the course of the internal jugular vein the glands may ulcerate and destroy the walls of the vein or of the carotid, causing death by loss of blood.

Operations for the removal of the lymphatic glands at the base of the neck may wound the thoracic duct and cause the death of the patient. Death has occurred also from œdema of the glottis and from inflammation of the glands extending to the pleura.

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## *HYPERTROPHY OF THE HEART MISTAKEN FOR PHTHISIS.*

BY V. A. BAKER, M. D., ADRIAN, MICH.

PRESUMING the reader to be familiar with the anatomy and physiology of the human thorax and its contained viscera, I waive a description of that important part, yet it must be remembered that no one is, or can be, competent to examine, compare and differentiate in diseases of the respiratory or circulatory organs, without a reasonable knowledge of the underlying principles bearing upon circulation, the relation of the heart and its appendages, the nerves that control the circulation, respiration and their relation to neighboring parts. Urgent symptoms referable to organs within the thoracic cavity may have their origin in the digestive tract, and this is easily comprehended when the distribution of the pneumogastric nerve is considered. The minute anatomy also of the air cells; the comparative range of adaptability, minimum and maximum quantity of air which under varied conditions they are capable of responding to, and the visible attendant phenomena together with the influence that anæmia and various other impoverished conditions of the blood, either direct or indirect may exert, if duly considered and appreciated, will materially aid in making a diagnosis.

Several years ago a young lady, 22 years of age, was brought to me from a neighboring town, for examination, and if I offered encouragement, for treatment. Without a moment's hesitation I mentally decided that she was far gone with pulmonary consumption, yet a close examination so modified my views that I decided the case to be one of hypertrophy of the heart, with induration. This decision was formed by comparing the group of symptoms carefully in detail with the symptoms of ordinary phthisis pulmonalis. She had cough, profuse expectoration, hectic, night sweats, dyspnœa, etc. She had not, however, the accompanying symptoms denoting destruction of lung tissue. Auscultation and percussion did not reveal this. Microscopical examination of material expectorated, and the usual test of boiling with solution of caustic soda, revealed no lung substance. Further examination convinced me that it was hypertrophy of the heart with induration, and to this diagnosis I was led by the following special symptoms: increased area of cardiac dullness, full strong pulse, firm and non-compressible; apex throb felt lower than normal, and an unsteady, troubled and excited action of the whole organ as detected by the eye, ear and touch.

Hypertrophy of the heart may be caused by diseased kidneys leaving the material with which the heart has to deal loaded with morbid and irritating products, as well as by the relation these important organs sustain to each other in a physical sense; also by disease of the valves, in fact by any disease of organs within the chest or elsewhere, that offers any impediment to heart action, etc. In the case under consideration there was no evidence of kidney disease, and respiration gave no evidence of lung obstruction. *The cough was due to reflex nerve irritability*, easily accounted for when the relation of the pneumogastric nerve to the heart and lungs is considered; its distribution including the lungs, stomach and heart, while anastomasing branches are sent to plexuses that relate to abdominal action. There was no swelling of the feet or limbs at any time, even just before her death, but there was much headache, and at times dullness of intellect, this in many cases being a prominent feature of hypertrophy of the heart, its unduly thickened walls sending blood with too great force to the brain. In hypertrophy of the heart, uncom-

plicated with dilatation, we do not have scanty urine, nor the livid appearance of lips and face, nor distress in breathing to so great an extent, all of which are marked in dilatation. Cough and expectoration, however, accompany both conditions; moreover, if the case be one of hypertrophy with dilatation, we may have mixed symptoms; but if dilatation co-exist, instead of a vigorous pulse and heart throb, we find the reverse. If dilatation is in excess, the heart's action is more irregular, and the throbbing of the heart is nearly or quite unnoticeable in the carotids, whereas in hypertrophy the throbbing is usually noticeable, especially in spare subjects, the jugular veins partaking, frequently, of heart impulse and the neck presenting a swollen appearance.

The accuracy of the diagnosis in the case alluded to was established by a post mortem made the day following death. With the exception of a general anæmic appearance—paleness of tissue—the abdominal and pelvic organs were healthy. The liver was slightly atrophied. The entire contents of the chest were removed. Air cells of lungs inflated perfectly in response to the usual test. The bronchial tubes were much irritated and were bathed in mucus, while the trachea was slightly dilated. The heart and pericardium next engaged attention; the latter containing slightly more than the usual amount of fluid, but not to such an extent as to constitute hydropericardium. The heart's size was increased fully one-third, and notwithstanding the right ventricle was unduly hypertrophied as compared with the left, we found an *interstitial calcareous deposit uniformly distributed throughout the entire muscular substance of the heart*, even extending to the valves. The specimen entire as above described, I now have in my possession. It seems evident that in such cases the cough is provoked through sympathy, and the expectoration, which is not unlike that of bronchial catarrh, is a natural outcome. The case was troublesome and under medical advice and care three years, a number of medical men having examined and prescribed for her, all, with the exception of a physician of a neighboring city and the writer, deciding the case to be phthisis pulmonalis. In the commencement of this paper I had in mind aneurism of the aorta, hydropericardium, bronchial disease, etc., but I must defer them to another time.

## *"RECOMMENDED BY THE AUTHORITIES."*

### *A Dialogue.*

BY L. H. BORDEN, M. D., PATTERSON, N. J.

Dr. S. "Good morning Mr. G."

Mr. G.—who is of an inquiring turn and much interested in medicine—"I am in usual health, thank you doctor. I was just thinking that the recent severe storm and the sudden changes of temperature would make business for the doctors. By the way, I understand that you and Dr. L—— had some 'hard words' in consultation last week."

Dr. S. "We did not agree exactly, in relation to the mode of treating the patient. Dr. L—— cures everything by the use of mercury, antimony and physic. Now, I do not believe in treating all diseases alike."

Mr. G. "I should think it would be well to avoid a routine mode of practice. I have seen a good deal in the papers about malaria re-appearing in certain eastern states where it had been long unknown. What treatment do you recommend in fever and ague, doctor?"

Dr. S. "I practice strictly according to the books. Dr. Hooper I think recommends, among other things, sulphuric acid, opium, purging, arsenic, mercury, etc. It is always safe to follow in the steps of learned and experienced men."

Mr. G. "How would you proceed in a case of inflammation of the lungs, or what treatment would you suggest?"

Dr. S. "Well, several direct the application of dry cups and rubefacients, but Dr. Hooper advises antimony combined with mercurials to promote expectoration; belladonna, digitalis, large doses of calomel, antimony and opium, are the remedies to be preferred. I am always controlled by the books."

Mr. G. "May I ask if you regard consumption as a curable disease?"

Dr. S. "The *books* say it can be cured, especially if the directions given by scientific writers are faithfully followed. Dr. Hooper recommends the liberal use of leeches and blisters, particularly behind the ears. He also prescribes as sedatives, mineral acids, which he also relies upon to prevent night sweats,

and opium to arrest the diarrhœa which frequently attends the disease."

Mr. G. "I hear typhoid fever is now prevalent, and that you have had a number of cases. What remedies do you consider the most judicious and find the most useful in that disease?"

Dr. S. "Well, as I said before, the books are my guide. It certainly would be presumptuous, and extremely hazardous, for me to set at naught the experience of the most distinguished men in the profession. Dr. Rush says that 'blisters may be applied in all stages of the fever with great advantage; that the patient should be blistered on the neck and head, and as soon as the discharge abates another should be immediately applied to some other part of the body.' Dr. Hooper recommends some of the preparations of mercury and antimony. He thinks that when the skin is hot and dry, cold water thrown on the naked body would be advisable, and if the patient is nervous, a full dose of opium is indicated. If there is greatly increased heat of the head, it should be shaved and kept cool, and a blister to the back of the neck should not be neglected. If a troublesome diarrhœa should occur, small doses of opium and other astringents must be used to hold it in check."

Mr. G. "I suppose you have treated yellow fever."

Dr. S. "Oh, yes. This is a disease in which immediate action and prompt and energetic treatment are required. Whatever is done in yellow fever must be done quickly. The books say, and as I before said my views are in entire accord with the authorities, 'forty grains of jalap and twenty grains of calomel should be rubbed together and divided into ten powders, one of which is to be given every two hours until the gums are affected.' In case of vomiting a strong cataplasm should be applied over the epigastric region, and then if the gums are not affected, frictions of strong mercurial ointment may be used. The general treatment for this formidable fever is stated in detail by Dr. Hooper; and he adds, 'but in all cases where purgatives are indicated, calomel claims the preference.'"

Mr. G. "What course do the leading authorities recommend in the treatment of measles, doctor?"

Dr. S. "Measles being an inflammatory disease, vigorous

antiphlogistic treatment is advised, and my experience teaches me that nothing could be more satisfactory. Blisters should always be applied, with a view to prevent the load from being thrown on the lungs and producing fatal congestion. Dr. Buchan says he 'does not know any disease wherein our active measures are more necessary than in rubeola. The books are our guide.'"

Mr. G. "I trust you will not think me too inquisitive, but I should really like to know how you would treat scarlet fever?"

Dr. S. "I am perfectly willing sir, to impart to you any information in my power, especially as I am anxious to alleviate the sufferings of my fellow creatures. I am a sworn enemy to empiricism, and I despise quackery in all its forms, and I don't think any conscientious man will try experiments, where life is at stake. I always rely upon the teachings of authors. Dr. Hooper and several other writers tell us, that, so long as the strength will allow, we must moderate the fever by mercurial and antimonial preparations. For gargles the nitrate of potassa and mineral acids may be used, and if diarrhœa supervene opium in some form may be administered."

Mr. G. "There appears to be a sameness in your mode of treatment, besides you do not seem to think, either judgement or intelligence necessary, but declare the books to be your only guide. Calomel, antimony and opium appear to constitute almost the entire treatment of the class of physicians you represent and who assume to be the only regular medical organization in the land, and you condemn as empirics in unmeasured terms, the members of all other organizations, though they may be as intelligent and well read as those of your society. It is very evident that the charge of ignorance and incompetency which you make is equally applicable to the body you represent, and the term empiric may with as much propriety be applied to you as to those whose views of medicine and medical practice are not in accord with yours, and you admit that your practice, is not only based upon the teachings of your authors, but is confined to the use of a very few agents, and those of a very poisonous character."

Dr. S. "Well, we have an innumerable number of remedies at our command, but it is true, we employ only a few of the most efficient, such as I have enumerated."

Mr. G. "Are not the most, if not all, of your remedies *deadly poisons?*"

Dr. S. "True, but the most fatal poisons become the best medicines in scientific or skillful hands; so the books tell us."

Mr. G. "I understood you to say a few moments ago that you used arsenic to cure fever and ague. Is not arsenic a poisonous drug?"

Dr. S. "It is; but then in skillful hands it becomes an exceedingly valuable remedy."

Mr. G. "Is this true? Now suppose you go to the apothecary and procure a quantity of arsenic. Some of it you administer to your patients to cure the fever and ague. It is administered by your skillful hands, and proves as you say an efficient remedy. Suppose a portion of this same poison should be given to the rats in your granary, and that too by your "skilful hands," what would be the result?"

Dr. S. "Rats are very mischievous animals. Do you know whether the papers contain any particulars of the loss of an ocean steamer off Cape Race last week?"

Mr. G. "I have not seen the morning papers, but you have not answered my question. Would it——"

Dr. S. "According to the reports in the papers there is much distress among the farmers in various sections of the country. Many of their cattle are dying of hunger. The long continued rains, however, promise a large crop of hay this season."

Mr. G. "You seem to be determined to evade my question. I am anxious to know whether you could kill rats with arsenic?"

Dr. S. "As regards the tax on imports, I have not settled it in my own mind whether it would be proper, under the circumstances, for our next Congress to alter the present rates."

Mr. G. "I think it extremely disingenuous in you, after assuring me in apparent candor that you would cheerfully impart to me the information sought, relative to your medicinal agents, and your treatment in the curative process, instead of which, you strenuously evade all my questions and introduce subjects entirely foreign to those questions."

Dr. S. "As sure as I am alive, the town clock is this moment striking ten. Many of my patients should have been visited before this hour. I must hasten. Good morning."

## *BONES CAN BE TAKEN AS FOOD.*

BY H. E. DENNETT, D. D. S., BOSTON.

In all points essential to the establishment of my claim that bones have been taken as a diet with the most gratifying results I. L. Cardoza, M. D., in his criticism as published in your June number agrees with me perfectly. But he says that man cannot be compared to the lion and other carnivorous animals because of a marked difference in the form of teeth and jaws. Following that line of argument this educated physician must reject not only nearly every variety of animal food, but most kinds of vegetable food taken by man. For, if he reason consistently then man should not eat beef because he has not the shape and form of jaws and teeth, with claws to match, that would enable him to seize an ox and despatch him after the manner of lions and other beasts of prey, then, after uttering a few growls, by way of saying grace, to tear with teeth and claws and serve his waiting family. Did it ever occur to the gentleman in question, that man had brains to guide him in securing and preparing his food? Does he reason that man must reject the nut because, not having teeth like the squirrel, he is unable to gnaw open the hard shell; or that he must refuse to eat corn because he is not furnished with the jaws and teeth of a donkey?

In referring to the Indians he evidently forgets that bone is animal food. We now come to my generous critic's last and strongest point. Here he has stumbled over his own shadow; for the word "burn" is thrown in by him as a gratuity, I not only did not use the word, but knowing the difficulty of granulating raw-bone and fearing lest some one might fall into the error of so treating bone as to make a phosphatic acid of it; I was very careful to state that the bones used were "carefully cured without being allowed to pass through any perceptible chemical changes."

I would now like to ask this M. D., his authority for using burnt bone as Carbo Animalis? When, where and by whom was it prepared and proved? Was not Hahnemann's Carbo Animalis from ox-hide?

20 BEACON STREET.

# *DYSPAREUNIA OR PAINFUL COITION.*

BY ROBERT A. REID, M. D., NEWTON, MASS.

In view of the just and proper restrictions thrown around the sexual act, this is a subject of exquisite delicacy. I am tempted to adopt it as a monographic text, because I believe it to be of sufficient importance as a source of unhappiness and disease to merit the attention of the gynæcologist. It has recently been brought prominently to my attention by the first of the following cases:

Case I.—Mrs. W. C., æt. 26, married nearly six years, came to me complaining of dysuria and irritation of the urethra, every attempt at sexual intercourse causing great pain and distress. She said that her former physician had pronounced it a case of vaginismus, but the means employed had failed to remedy the trouble. An examination revealed a small caruncle, growing at the urethral orifice, which was exquisitely sensitive and tender to the touch, and which I believed to be the sole cause of the difficulty. The hymen was but fragmentary, though she said that complete intercourse had never taken place, which statement was confirmed by the husband, and it was relief of this condition and the accompanying sterility, that she sought more than of the urethral affection. The uterus was small, and the vaginal canal rather short, its entrance being highly hypersensitive. The growth was removed under an anæsthetic, and she was for a time apparently cured of a large part of her trouble, but a couple of months later she returned, saying that she was about as bad as ever, and that it was still impossible for her to bear her "matrimonial privileges." A second examination showed that the growth had not been reproduced, as I suspected, but the urethra was still red and inflamed; a more careful examination showed that the vaginal opening was much behind its natural seat, due in part to the unusual width of the pubic arch, an excessive amount of adipose tissue, and also, no doubt, to awkward attempts at intercourse on the part of the husband. Efforts were now directed toward allaying the extreme irritability about the urethra, and dilating the vaginal orifice. The first of these was happily effected by the use of carbolic acid locally

applied, while the vulval opening was put somewhat upon the stretch by the ordinary bivalve speculum, and afterward the insertion of a glass dilator which was permitted to remain in position for half an hour at a time. This treatment pursued for a short time entirely subdued the highly sensitive and painful condition of the parts, and that the result, aside from this, was all that could be desired, I infer, from the fact that I was recently engaged to attend the lady in her approaching confinement.

Case II.—Mrs. C., æt. 28, had been married seven years and had one child. She was apparently a healthy, well-formed woman, but exceedingly nervous and hysterical. She complained that since the birth of her child she had not been "able to be a wife," because she "always suffered such pain when her husband came to her." She had that bane of a woman's life—backache—and was daily becoming more nervous and irritable. Examination revealed a sharply retroflexed uterus which was much congested and very tender. It was replaced and retained in position at first, by cotton and glycerine pessaries, and later one of rubber was borne without difficulty. Her backache soon disappeared; coition became a source of gratification instead of pain, and she is now as well as prior to her confinement.

Case III.—Mrs. S. E. B., a delicate looking lady, complained of a distressing pressure in the left iliac region (by the way I have observed that such sensations are far more frequently referred to the left side than to the right) and constant dysuria. She had been married a dozen years or more, but had never been pregnant, and confessed that instead of being pleasurable, intercourse had always been painful and dreaded by her. The uterus and vagina were normal as to size, but the former was sharply anteflexed, and any attempt to restore it to its normal position caused decided pain. The finger drawn along the course of the vesical neck also induced much pain, and the urethral canal was highly red and congested, but the urine presented no traces of cystitis. A persistent use of cotton suppositories between the cervix and pubis relieved the feeling of left side pressure, but the dysuria continued to distress her until the urethral canal had been locally treated, first with carbolic acid and later with an iodoform and belladonna ointment. Since then

she has been entirely relieved of all her unpleasant symptoms and coition is painless.

The above cases with others which might be cited—every physician of any considerable gynæcological experience must have seen many similar ones—have impressed me with the belief that in a very large proportion of uterine disorders, painful coition is a prominent symptom, and one too frequently overlooked by the physician on account of its fancied unimportance, or because it is a disagreeable subject, while it is one to which the patient will seldom allude, without being directly questioned, no matter how great her sufferings may have been, and although it is really *the* symptom that leads her to seek medical aid. Even a momentary consideration of the female pelvic organs will show us how profusely they are supplied with blood-vessels and sensitive nerves which are ever ready to produce congestion and its accompanying train of symptoms on the slightest irritation or diseased condition.

The various causes that may produce this condition—and their name is legion—need hardly be enumerated to any physician who has seen a fair amount of gynæcological practice, still I may mention that it frequently immediately follows marriage, when an unnatural situation of the vulval orifice, together with awkward and forcible attempts at intercourse occasion urethral irritation and caruncles; or again the ruptured hymeneal membrane may be the seat of irritable carunclæ or ulcers, the latter, like anal fissures, being a source of constant distress and uneasiness and having no tendency to heal voluntarily. Such ulcers, or fissures, may also occur when the vagina, though originally sufficiently capacious for marital purposes, has been lacerated during childbirth, and the new cicatricial tissue, being inelastic, tears slightly, leaving an irritable crack or ulcer which will make coitus always painful and to be dreaded on the part of the female. Any of the dislocations to which the uterus is liable, may be a source of pain either from traction upon the uterine ligaments, from pressure upon the vesical neck or urethra, or from a displaced ovary. I believe that retro-displacements are nearly always attended by this symptom—dyspareunia—if of long standing. The opposite form of dislocations, however,

are not usually so attended, for the reason that the hypersensitive uterine body is thrown forward out of the way of the male organ, while in retro-versions or flexions the line of displacement lies directly across that of copulative effort.

Again, whenever subinvolution exists, whether it follow parturition or abortion, and it is even more likely to follow the latter—even when it occurs as early as the third month, a fact which I fancy is often overlooked—than the former, the increased uterine weight and elongated cervix combining to shorten the vaginal canal, and thus expose the hyperæmic and sensitive uterine body to frequent mechanical irritation during intercourse. So too in the peculiarly hyperæsthetic condition at the outlet of the vagina termed vaginismus, which generally has for its cause some local inflammatory affection of a more or less acute nature, every attempt at sexual intercourse may occasion almost intolerable suffering to the female. It seems altogether needless for me to even allude to acute diseases of the vagina, the uterus or its adnexa, such as vaginitis, cellulitis or pelvic peritonitis, as a cause of painful coition or dyspareunia—a word coined by Barnes, of London.

The design of this paper is simply to hint at the importance of a *symptom* which is so frequently an accompaniment of uterine disease, and which may from its character not only render the life of the woman a burden to her, but to those around her, and entail barrenness, unhappiness, and even separation as well. I have now under treatment a well-developed young married woman who for some years has suffered from uterine disease, and she says that coitus has for a long time been unbearable, as a consequence her relations with her husband have been altogether suspended, and she is rendered wretched by the fear that he may be tempted to seek gratification elsewhere.

I shall not specifically refer to treatment that may be used in individual cases, but simply express my belief that it is always wise, nay *necessary*, to learn if this *symptom* exists whenever we are called upon to treat any affection of the female genital organs; and if so we should attempt its relief from the first, even if the cure or alleviation of the prominent disease cannot be effected until a somewhat extended treatment has been pursued;

as for instance when an inflamed condition about the urethra or within its canal exists, together with some uterine displacement, we should treat that affection locally or internally as the case may require, while at the same time we apply a mechanical support to the uterus; for in many instances the removal of the original cause may not be sufficient to cure a condition which has become chronic from neglect of treatment.

If the external opening of the female genitals, from congenital or traumatic cause, appears abnormal in situation or size, we should by gradual expansion and the use of dilators, increase its capacity and thereby prevent injury to the exposed parts; or if a subinvoluted uterus, from increased weight and relaxation of its supports, crowds its way forward into the vaginal passage, and presents, in addition, a cervix lacerated from previous labor, we should, while pursuing the ordinary treatment, give it rest and support by means of a well-fitting pessary; and, finally, we should in every instance seek, after properly explaining to our patients the nature and cause of their ailment, to afford the utmost rest possible for the affected parts, by restricting, in a measure, sexual connection, which is likely to be persisted in from habit or from the desire that sterility may be overcome.

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## "*MEDICAL LEGISLATION.*"

BY A. L. CLARK, M. D., ELGIN, ILL.

In the December number 1884, of the Massachusetts Eclectic Medical Journal, appears an article on "Medical Legislation," which did it confine itself to the expression of opinions, supported or not by facts, would not cause me to again trespass upon your columns. But when the writer in his heading substantially brands any difference of opinion as "cowardly," and most broadly intimates that my opinions are the result, of an accidental and unsought connection with a State Board of Health, he applies to me an *argumentum ad hominem* he would certainly dislike if applied to himself, and induces me to depart from my ordinary practice of ignoring personalities.

The subject of personal liberty to which so much attention is properly paid, is to every American a most interesting theme,

interwoven as it is with every page of American history. Our Pilgrim fathers left their homes in the old world that they might indulge in the liberty of enjoying their religious belief, but they had scarcely landed upon Plymouth rock before they developed an intolerance to all difference of opinion, which was satisfied only with the banishment from their colony of all who had the temerity to entertain a thought at variance with their preconceived beliefs. Thus it sometimes happens that the very champions of liberty become the incarnation of an intolerance, that knows no bound save the measure of its own strength.

Surely to be consistent, the writer of "Medical Legislation" should allow to others the liberty to differ *honestly* from him in opinion, and he should be aware that personal reflections are not good arguments with which to uphold a principle. And not being aware that he had secured a copyright upon belief, I unwittingly thought that one who for over seven years had been upon the inside and outside of the workings of a State Board might have some qualifications to speak upon the subject.

He calls us to observe how in New York "each year tends to fasten the bonds still more tightly around irregulars," but how is it that homœopathists are not strangled by this Gordian tangle?

To me the reason the laws in New York are so illiberal and unsatisfactory, is, that the influence of the good and competent eclectics of that state has been paralyzed by the incubus of too many such men as some that the National Eclectic Medical Association very properly some time ago cast off.

The "audacious ordinances" of the Illinois State Board are referred to in attempting to interfere with "the long established usages of colleges in other states." This in great part no doubt refers to the action of the Board in requiring a longer period of time spent in lectures than was customary in some colleges, and to the further requirement of some preliminary education.

At the time the Illinois State Board commenced its work there was at least one college claiming to give "a full course of lectures" in thirteen weeks, and others at which two consecutive courses occupying practically no more than thirty-four to thirty-eight weeks would entitle the student to enter the graduating class. With this custom it was an easy matter and common

thing for a man even unknown to his neighbors as a medical student, after an absence from home of seven or eight months to return with a diploma to frame, his pockets full of cards bearing the stereotyped legend "special attention given to the diseases of women" and ready for the thousandth time to exemplify Pope's saying, that "fools rush in where angels fear to tread."

Probably in many cases these colleges were not aware of this but they furnished the opportunity, and can such hot headed haste commend itself to thoughtful minds?

In regard to preliminary education the action of the Board is based upon the belief that an educated and cultivated brain will accomplish more and better work, than an ignorant one, and is but a logical attempt to secure the best possible medical attainments in practicing physicians.

It does not meet this to say that some very ordinarily educated men have good success as physicians. This may be granted but it is so exceptional as to challenge our attention and magnify its own importance. To whom does the world owe the discovery of anæsthesia, the circulation of the blood, the hypodermic syringe, the great improvements in surgery, etc. etc.? Who would be most missed from the medical world, Hamilton, Keith, Spencer Wells, Thomas, King, Howe, and a hundred more who might be named, or an equal number of men at the other end of the line? The difference is mainly one of brains and their cultivation.

But no matter how greatly the trustees and faculty of a medical college may desire to adopt a high standard of excellence in their students, so long as the neighboring colleges are satisfied with a low standard or none at all, so long will the advocate of the high standard languish, hence, in the interest of good medical education some criterion should be established below which no college should fall.

For the honor and good name of eclecticism I have for twenty-five years labored, and while I live, expect to use my influence to the end that no Professor of Surgery in an eclectic college will write of "carcenoma" of the breast, the "hermorrage" accompanying its removal, or speak of the "proceedure" for its arrest or tell us of the "asceptic" treatment adopted. (vide *Georgia Eclectic Medical Journal*, Nov. 1884.)

Yet this same Professor thinks me "simply crotchety," and accuses me of wanting eclectics to surrender to allopathy, while he recommends a lively solution of mercuric bichloride (a remedy which our early eclectics rejected) as an asceptic. Which has surrendered to allopathy?

But this article is becoming too long. In my former communication my conclusion was thus stated: "To my mind it is clearly the duty and policy of eclectics to join hands with all who believe in salutary and impartial laws looking to the purification of the medical profession, to cordially sanction and support any action looking to the better preliminary and general qualifications of practitioners of whatever belief, and to uphold every effort tending to the dignity and honor of medical practice." And this "is not in accord with genuine eclecticism to whose interest they (such sentiments) always have been, still are and always will be, adverse." This is "a base surrender of principle and rights without a single blow in self defence!"

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *WATER IN SUNSTROKE.*

THIS agent is universally acknowledged by almost all schools of medicine to be pre-eminently the chief remedy. The characteristics of this affection suggest in the strongest language, that water is indicated. Health always means a positive state; all external objects, especially of organic substances, to a man in health, are in a negative state. The invisible arrows of the destroyer fall outside the walls of positiveness, whilst they fall inside the walls of negativeness. Whilst the normal healthy condition is preserved, man is perpetually like the positive pole of an electric battery, sending forth positive emanations, which pervade all the outside surrounding objects; whilst that of the contrary only receives. Agreeably to this, we find the integument more adaptable to exhalation than inhalation. Outward elements do not readily enter the body through the integument. Force applied from within finds the valves of the epidermis ready to open; but force from without, the reverse. The proper relationship of man to the external elements is, to be their master. Cold, miasma, heat, should be outside the walls. The

enthusiastic convert, especially, when full of health, can be immersed on the coldest day of winter; whilst the faithless coward, especially of low health, will "take his death of cold." Fremont with the bravest of his companions, passed through the deepest snow, ascended the highest mountains, stood the most intense cold—in the absence of food and proper clothing—many years ago, in the great west; whilst the less ambitious, and more cowardly, were buried in crowds on the banks of the Rio Del Norte.

Blagden and many others are said to have endured the atmosphere of an oven in which water boiled, and mercury standing at 275° Fahr. Sunstroke is an affection of the depressed or negatived man. When the temperature of a few degrees above 100° Fahr. is reached, the normal conditions of the muscular and nervous tissues are all in danger. When a red hot iron is touched, disintegration instantly takes place. The more intense the heat, the nearer is disintegration. The seriousness then of insolation depends on the intensity of heat, added to the depression of the system. The temperature sometimes may rise to 118° Fahr., and even higher; the brain, spinal cord, and nerve-centres, suffer to an extremity from over-stimulation by external heat, which is followed by a period of exhaustion. What then in all therapeutics can be equal to water to induce *vis medicatrix naturae* to concentrate its remedial efforts in the right parts? When a simple exhaustion from heat anywhere, the remedy of all others is cold. Let the douche then be given instantly, where the patient has been removed to shelter; or a stream poured from a high place; not only to cool, or to reduce temperature, but to excite respiration; and thus exact vitality. In some cases ice water, or indeed the head packed with ice is essential; and if the heat of the whole body is great, the clothing should be removed, and the sheet lightly wrung out of water be enveloped around, and often re-wetted, taking care that all this should not be too long continued, as the temperature may fall too low, that is a powerful cooling process. It is also suggestive, that exposure to heat for a long time should be avoided; and that a removal to a cooler climate for some time, is the best method. Indeed, this is a representative medical fact: wherever there is too much heat, or a high fever, the packing in damp, cool towels is the remedy, for by so doing, an immense quantity of heat is carried away from the surface, the place becomes soft, and temperature falls rapidly. There is no agent known in therapeutics, that will come near water to take up heat, retain it, and carrying it away. For instance, the amount of heat required to raise the temperature of water, or any other substance, one degree, is capable

of measurement. It appears then that when water is heated through a given number of degrees, it absorbs more than twice as much heat as any other substance known, except hydrogen gas, which is one of its constituent elements, and more than ten times as much as iron, or any other metal existing. Let any person look how long it takes to boil a tea-kettle, even when there is a brisk fire. Indeed even at the same temperature, water contains more heat twice than any other substance known. The waters of the world are the greatest reservoirs of its heat; the rivers, lakes and oceans, are the depositories to which are confided to their care, the great heat, essential to the mineral, vegetables, animal and man. During cold long winters of the north, the waters all the time are giving forth their treasure; but very slowly; because at the very close of one of these, who can tell how little the rivers, lakes and oceans have parted with their heat? Water contains so much heat that even the oldest and coldest mountain of ice, in the frigid zone, is only a little colder than ordinary water. This is suggestive. It is a well known fact, that the temperature of the human body the world over is, about 98° Fahr.; and that the man at the north in the coldest climate, is able to retain this, as well as the man at the torrid zone. Why? The rivers, ponds, lakes and oceans of the body, which are just as large in proportion, retain the heat of the higher world of life. Indeed there are mysterious properties belonging to water in regard to its power to take in heat, and retain it. For instance, if a test was made by a thermometer, of water in a boiler; when it boils, and that of steam rising from it, they would be found it seems—though strangely—that both are at the same temperature; and yet in order to change boiling water into steam—yes, one pound of it into steam, it is necessary to burn up sufficient coal that would take to raise the temperature of ice—cold—yes, ten pounds of it, to a boiling point, such, then, is the wonderful power of water to take up heat, and carry it away. Now, then, let us apply this fact to the therapeutic agency of cold water to carry away the excess of heat in the living organism.

Suppose it then be sunstroke, pneumonia, or any high inflammatory affection; what can be better, indeed, what so good, as applying cold water scientifically to the body, and thus employing the excessive heat of the system to convert the moistures of the "packing" or the "sheet" into vapor, and thus carry it away? Besides, this warm vapor sitting on the integument makes it soft and moist, which is very often mistaken for perspiration. However, it is not meant to stay long to induce sweating, which is directly an opposite process; and intended for a different

purpose. In acute disease it is frequently changing; the patient not allowed to stay in it longer than it takes to warm the sheet. Perhaps it takes fifteen minutes, more or less. Changing often when fever or inflammation is high; but when these are reduced, the time should be extended, and care taken that the temperature is not allowed to lower too much. But when there is congestion of the lungs or viscera, or torpidity of the liver; or in fact any accummulations of blood and secretions on any inward vesicles—in the absence of an active irritation of the viscera, etc., the hot water should be applied. The purpose of the hot is the removal of the congestion; but the cold—to carry away the excess of heat from the surface, extending tonicity by contraction to the surface, expelling the solid materials of the body, caused by inducing a deeper inspiration; and then promoting a greater tonicity generally, and carrying forward the proper combination, which is partly neglected by the hot.—Dr. D. E. Evans, in *Keystone Medical Journal.*

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## *HYOSCYAMUS NIGER-HENBANE.*

Some writers, as Bartholow and H. C. Wood and others, claim that stramonium, belladonna and hyoscyamus are identical, but, when properly tested, they will be found to possess individuality in their actions. Large doses of hyoscyamus produce delirium in man resembling that of drunkenness—a garrulous delirium with great proneness to quarrelsomeness, etc. It produces heat and fullness of the head, flushing of the face, injection of the eyes, and cerebral excitement, clouded vision, giddiness, delirium and hallucination. For instance, the patient imagines he sees grotesque objects or luminous figures. There is no inclination to sound sleep after a very large dose, but a sort of muttering like that occurring in typhoid fever, and sometimes it produces a sort of somnolence or dreamy sleep, broken by occasional mutterings and twitches, etc. Very large doses, say 1-12 of a grain of hyoscyamia, produces usually pleasing delirium, wakeful quiet, with illusions of sight or with such tendency to somnolence that the patient can scarcely keep his eyelids raised for a few seconds, but, when aroused, lapses back into a dreamy sleep. And in this condition, he reels like a drunken man. It also perverts the perceptions, so that the patient imagines that he sees strange and unreal objects. It also perverts the intellect, so that the patient cannot reason correctly. He may also be obscene in his words and actions—stripping off his clothes, if he is not prevented, and he is quarrelsome. The character of the mania produced by this drug is always loqua-

cious and quarrelsome, and the subject manifests great tendency to unseemly acts, gestures and expressions. It dilates the pupils more powerfully and rapidly, and for a longer period than belladonna, the sight often being impaired for several days. The delirium produced, is, however, not of an inflammatory type, but one merely of cerebral excitement. It has been known, however to produce gastro-intestinal inflammation. It paralyzes sphincter muscles. It tends to produce looseness of the bowels, instead of constipation. In its action upon the brain, while there is some resemblance to that of belladonna and stramonium, yet there is an essential difference, as it does not produce cerebral hyperæmia, as belladonna and stramonium do in large doses, nor does it produce such maniacal excitement as stramonium does. Its cerebral disturbances partake more of the nature of merely nervous excitability, like the typhus and typhoid conditions. Hence its essential feature is increased sensorial activity and nervous excitement. All the solanaceæ have their individual actions upon the brain and nervous system.

*Therapeutics.*—It is not applicable to that form of maniacal disturbance to which stramonium is so well adapted, but in delirium tremens, and the milder forms of mental disorders, especially in children. It is indicated by restless and dreamful sleep, from simple cerebral excitement, not wild or inflammatory delirium.

It is a valuable remedy for spasms of children, attended with a watery diarrhœa. Some cases of epilepsy are benefitted by it, especially those that end in deep and profound sleep. And cases of apoplexy, attended with snoring, are also benefitted by the continued use of small doses of this drug—say 3 to 5 gtts. of the *normal tincture* three times a day. Subsultus tendinum is often relieved by it. Meningitis is also well met by small doses of this tincture. Some cases of hemorrhage and hemorrhoids are also checked by hyoscyamus.—I. J. M. Goss, M. D., in *Chicago Medical Times.*

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## *GONORRHŒAL EPIDIDYMITIS.*

Chief among the painful and serious difficulties that present gonorrhœa is the occurrence of epididymitis, or swelled testicle, which is a complication that may supervene early or late in the history of the disease. In the majority of instances the epididymitis is the result of the extension of the urethral inflammation along the ejaculatory ducts; but in some instances the inflammation of the epididymus seems to take place through the law of irradiation or associated sensation.

# How to Administer Nauseous Medicines in an Acceptable Manner.

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as a vehicle for the administration of drugs which are offensive to the palate, that we were induced to test the range of its applicability to this end. The result of our experiments has strongly corroborated the reports, and justifies us, in asking for this preparation, a trial in the prescriptions of nauseous medicines with ***special reference to quinine.***

It requires no argument to convince physicians of the desirability of palatability in mixtures, but the important matter has been neglected, to the detriment of regular medicine in the regard of the public, chiefly because of the existence on the market of no agreeable and reliable excipient which could be ordered on prescriptions, and thus obviate the danger of change in the medicinal nature of the compound which exists when the druggist is given a carte blanche order to make the mixture agreeable. When the peculiar tonic laxative properties of Cascara Cordial are considered, its value as an excipient in a large number of cases, will be all the more apparent.

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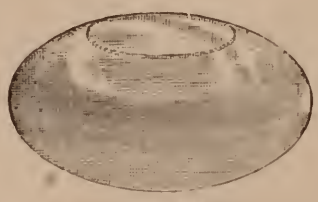
2½ GRAMMES.



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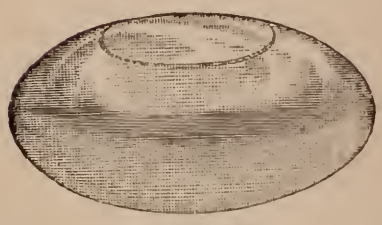

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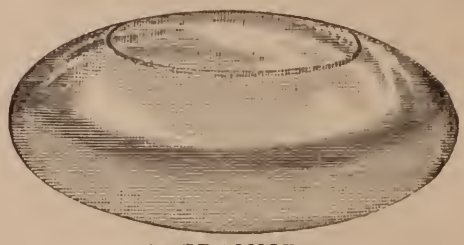

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These filled capsules being soft and elastic, and readily lubricated with the saliva, are swallowed with the greatest ease, even when of the largest size —containing half an ounce. A tablespoonful of castor oil or cod liver oil may be thus given with the utmost facility when any other method of giving it would provoke nausea and vomiting.

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The first symptom which attracts the attention of the patient is an aching, occasionally of a neuralgic character, along the groin, more frequently on the left side. The vas deferens will be found usually enlarged, and will be tender on pressure. The testicle begins to increase in size, and the pain is followed by a dull ache and sense of weight. As the testicle increases in bulk the scrotum becomes purplish in color and exceedingly tender and painful.

The patient, when he walks, has a peculiar and characteristic stooping posture, stepping with the legs apart. The dragging of the heavy testicle upon the spermatic cord prevents the free return of blood, and hence serves to increase the tension until the patient really suffers from nausea and abdominal pain.

There is usually more or less febrile movement, and great mental excitement and anxiety. The gonorrhœal discharge ceases to a greater or less degree during the epididymitis, but may again be re-established as the swelling subsides.

The inflammation usually terminates by resolution, though in occasional cases, in broken down constitutions, there is suppuration and abscess.

In the treatment of these cases, whatever has been done to the gonorrhœal discharge by the way of injections should be abandoned. The patient should take the recumbent posture, and the testicles be drawn well up to the pubis by a suspensory bandage. No local applications are specially required.

I recommend the following as the best course to pursue: ℞. Podophyllin, gr. ij; potassa bitart., ʒ ij. M. Ft. Chart xij. Sig. Take a powder every two hours, until thorough action upon the bowels. The pain usually ceases upon two or three doses of the above, and as the bowels begin to move the inflammatory action recedes. Often no other remedy is required. Podophyllin has a specific action on this disease.

The above powders are repeated as often as occasion requires to keep the bowels open. In the meantime the following may be given to allay anxiety and give rest: ℞. Kali bromidum, ʒ iij.; chloral hydrate, ʒ ij.; tinct. gelsemium, ʒ ij.; syrup simplex, ʒ iij. M. et S. A teaspoonful to be taken every two or three hours.

Whatever you do, try podophyllin in epididymitis.—E. Younkin, M. D., in *American Medical Journal.*

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## *BICHROMATE OF POTASH.*

The sooner the medical man becomes educated to the due appreciation of the therapeutic properties of bichromate of potash, the quicker he will find himself master of certain morbid states

that have hitherto baffled his skill. In cases of aphonia or voiceless states, the remedy under consideration is worth more in effecting a cure than any other in the materia medica. As soon as the medicine is swallowed a pleasant glow of pungent warmth is felt in the throat and along the respiratory passages. The agent will do more for diphtheria than any other remedy yet recommended for that dangerous disease. A prescription as follows is averagely right for adults: ℞. Water f ʒ iv., bichromate potash gr. j. M. S. Dose, half teaspoonful every two to four hours. I usually give a dose once in three hours. The medicine thus administered never irritates nor poisons. It should not be dissolved or mixed with any thing but water. The solution is of a rich orange color, and has not a pronounced flavor. A child will take it without expressing disgust.

A person liable to become hoarse at every chilly change of the weather should carry a bottle of the medicine in his hip pocket. A gentleman who has had no voice above a whisper for two years wrote me as follows: "In five weeks after I took the medicine you prescribed I spake aloud. The voice came all at once, though I had felt for days as if it were about to return."

Bichromate of potash will not cure ulceration of the larynx, a disease characterized by return through the nose of fluids designed to be swallowed. However, the agent is as good as any for that almost fatal state of disease. It should be given in alternation with arsenic in the management of incipient phthisis pulmonalis. The average patient in the earlier stages of consumption should have a dose of bichromate of potash every three hours, a drop of Fowler's solution an hour from that time, and a drop of the tincture of veratrum viride at the end of the third hour. Then a dose of the potash begins another round in the rotation.

I usually give arsenic in combination with phosphates, and possibly gain a little by the combination. All tuberculous manifestations should be treated in this way, and all diseases that block the lymphatic system. Persons having synovitis, and arthritis through constitutional taints, are to be medicated in the manner indicated. The medication is decisively impressive, and in no way offensive. In a day the patient feels enough better to acknowledge it.

A grain of bichromate of potash in four ounces of water, and given as directed, will do infinitely more as an anti-syphilitic than the best preparation of mercury or large doses of iodide of potassium. In tertiary syphilis mercury is useless, and the bichromate of potash is valuable. The iodide of potash is chiefly useful in syphilitic periostitis.—H. in *Eclectic Medical Journal.*

## SELECTIONS.

### *A REMARKABLE CASE OF A JUVENILE EARTH-EATER.*

The following case, which Dr. Clement Dukes reports in the *Lancet*, November 8, 1884, possesses considerable interest:

"P. B——, aged five years, residing quite in the country, was brought to the Rugby Hospital on December 18, 1883, by her mother, who carried with her in a bottle a characteristic specimen of the common round worm, ascaris lumbricoids. The mother gave the following history: Two years ago the child did not seem well, and after a day or two she became sick, and threw up a large round worm. The mother then gave her a dose of castor oil, and she passed by the bowel three more. A week after this the mother noticed that the child ate the soil in the garden, or that by the side of the road. To stop this vicious habit the child was kept indoors and scolded and whipped, but without effect; for whenever the mother was engaged in her household duties, the child would immediately run out and eat the dirt. She always said, when reprimanded, that she ate the earth to relieve the gnawing pain in her stomach. So urgent was the demand for this soil-eating that the child would, if she could not get earth, eat sand, would pick the mortar out of the walls between the bricks; and even store a supply in her pocket to eat at her leisure, when she could not get out to obtain it. She has continued to eat the soil, in spite of continual punishments, until the time of her entrance into the hospital on February 12, 1884, when she ceased, as far as could be ascertained, to eat the soil. The mother states that she would put the earth in her mouth, suck it, and then swallow it. She further states that during the two years of earth-eating she has brought up or passed by the bowel about a hundred large round worms. From the number I have seen myself, and from the respectability of the mother, I fully believe this statement. While in hospital she passed many, but under santonin they failed to come away; and after being without any for a month, and having become fat and strong, I discharged her on April 10, 1884, as I thought cured. But on May 2d, her mother brought her back, she having passed another worm, but she had not again taken to eating earth. During the child's stay in hospital her perverted taste had apparently been cured. I readmitted her, when she soon passed a worm, and vomited another; but under two-grain doses of santonin three times a day, which she took for several weeks without physiological effects, she gradually ceased passing any more, and regained her health, strength, and good looks.

Cobbold says round worms are rare in British practice, and usually only one occurs; this is my experience. But he also records that Mr. de Morgan had a patient at the Middlesex Hospital from whom thirty-seven were expelled. After the little patient's return to the hospital, I examined the well water microscopically, but failed to find any eggs of the round worm. On October 4th I again saw the child by accident. She was looking well, and had not been troubled with more worms, nor had she again taken to earth-eating."—*Medical and Surgical Reporter.*

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## *THE DIETETIC TREATMENT OF DYSPEPSIA.*

Dr. Austin Flint, Sr., of New York, recently read a paper on this subject.

The first point which he wished to make was, he said, that dyspepsia denoted an affection distinct from indigestion. Having described certain of the symptoms of dyspepsia, he remarked that it was, in many cases, referable to the mind, a fact which he believed he had been the first to call attention to, in a paper published in the *American Journal of the Medical Sciences* in 1842. He then spoke of the fallacies which had formerly been entertained, more particularly in New England, in regard to the advantages of a severe regimen and restricted diet. At the present day, dyspepsia was much less frequent than in past years, and those who did suffer from it were mostly those who endeavored to regulate their diet and habits in accordance with the notions that formerly prevailed. One very prolific source of trouble was the practice of introspection thus engendered.

In the treatment of dyspepsia the patient was to be encouraged to forget his strict habits of eating. No rigid system was to be observed, and food in sufficient quantity and variety was essential. The guides for eating should be the appetite, the palate, and common sense. The cravings of nature were not to be disregarded. The patient's experience with certain articles of food was apt to be extremely fallacious, and he should not be guided by this, for what at one time might disagree with him at another might give rise to no trouble whatever. Dietetic idiosyncrasies were vastly less numerous than was generally supposed to be the case. The instructions to such a patient, therefore, should be something like the following: Do not adopt the rule of eating only at stated intervals, but eat whenever you desire food. Be doubtful of your past experience, and eat whatever is most acceptable to your palate. Try to have good cooking, and never leave the table until your hunger is perfectly satisfied. Eat animal as well as vegetable food, and take as much fluid as thirst

dictates. In general, the diet which was beneficial to the healthy individual was beneficial to the dyspeptic. It was a fallacy to suppose that the organs of digestion required periods of prolonged rest. If allowed to rest, their functions would become perverted. It was of great importance that the dyspeptic should occupy his mind with other classes of objects than his food. Practical lessons on this subject might be learned from the gourmand, who, whatever else he might suffer from, seldom had dyspepsia; and the same was true, on the other hand, of the hard-working mechanic, who, instead of living to eat, eats to live.—*Medical News.*

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## *RUPTURE OF THE PENIS.*

Dr. H. A. Veazie reports in the *New Orleans Medical and Surgical Journal*, a case of true fracture of the penis. The patient gave his history as follows: "I was having connection, and during the excitement the party with whom I was having intercourse withdrew suddenly, and as I followed her my penis struck a bone, and I felt the organ break, with intense pain. I examined it, saw that it was swelling rapidly and bleeding from the canal. I felt like urinating, and tried to do so, but could not, and, as I tried, the penis pained more and became more swollen." He then showed me his penis and it was bleeding from the meatus, the organ itself very much swollen. On examination I found that the penis had been broken through and through, except the cutaneous covering. The two fragments could be moved upon each other, and on making traction a distinct sulcus could be felt at the seat of the break, which was about one inch and a half back of the corona. The urethral spongy body and the corpora cavernosa were evidently broken through. He ultimately recovered. Dr. Veazie states that this is the first case of the kind reported in this country.

[The late Dr. Valentine Mott reported two similar cases in 1848 to the New York Academy of medicine ("Trans. N. Y. Acad. Med.," vol. i., p. 90), and referred to several others. Ed.] —*Medical Record.*

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## *REMOVAL OF THE FORCEPS BEFORE THE HEAD IS DELIVERED.*

In Dr. Lusk's *Science and Art of Midwifery*, the following passage is found: "Although not generally recommended, it is always my custom to remove the forceps so soon as the chin can be reached by the index finger introduced into the rectum. The

extrusion of the head, if it does not occur spontaneously, can then be easily effected, and the blades of the forceps, though of no great thickness, still add something to the distension of the vulva."

The removal of the forceps before the head is born, though recently urged by some others, as well as Dr. Lusk, is by no means a new practice. In the French translation of Naegele and Grenser, p. 324, the statement is made; "Among the German authors, Boer, and after him Joerg, Carus, and others have recommended the removal of the forceps as soon as the head is engaged in the vulva, unless immediate delivery is required." Madame Lachapelle, criticising the advice of Baudelocque, to protect the perineum with one hand while the other is used to pull upon the forceps, said that, in following this precept, rupture of the perineum was inevitable, because the forceps augmented the volume of the head, more widely separated the labia, hastened the escape of the head, and caused the distension to be much greater and more abrupt. Her practice was always to remove the forceps as soon as the head had escaped from the bony parts. These statements are enough to prove that this practice, "though not generally recommended," is quite old.

But, though old and advised at first by some of the most able of obstetricians, and thus advised again, the practice has never been generally adopted, and its propriety may at least be questioned.

It is worthy of remark that, while some obstetricians would have the instrument removed for the protection of the perineum, others regard its retention as valuable to prevent injury; Kleinwachter and Robert Barnes may be mentioned as holding the latter opinion.

A word first in regard to the common assertion that the blades of the forceps retained upon the fœtal head increase the liability to tearing the vulval opening by increasing the stretching of the latter. The late Prof. Hodge held that when the instrument was properly applied the parietal protuberances projected through the fenestræ of the blades, so that the forceps occupied no space as regards the lateral diameter of the fœtal head, and, indeed, by its pressure slightly lessened this diameter. Petrequin's experiments have proved that if one diameter of the fœtal head is lessened by the compression of the forceps, the diameter perpendicular to it is increased; thus, when the blades of the forceps are applied to the sides of the head the biparietal diameter may be lessened by strong compression, but this apparent benefit is in part, if not completely, neutralized by increase in a suboccipital

diameter, so that there may be no absolute lessening of the head plane concerned. Indeed, any compression of the fœtal head more than enough to prevent the instrument from slipping is regarded by most obstetricians as injurious; the best forceps is that which compresses least, is a remark of Poulet recently made. Our faith, then, is with Dr. Lusk, rather than with Dr. Hodge, as to the effect of the forceps adding to the circumference of the head-plane, in so far we believe the former is right in advising the withdrawal of the instrument before delivery of the head. But, as he himself says, this addition is very small; further, it may be in some measure compensated for by an increase in the maximum diameter of the fœtal head if sufficient time is given.

Dr. Hodge condemned the removal of the instrument, as advised originally by Boer, unless in exceptional cases, and one of his arguments against the practice was that the fœtal scalp which protruded through the fenestræ of the forcep's blades—buttoned into them, as it were—would be injured in such withdrawal. But this objection must be regarded as purely hypothetical, and so far has never been sustained.

Another objection to the practice proposed, is that the operation is incomplete; the instrument has been applied for the delivery of the head, but is withdrawn before that delivery is effected, and thus the patient and her friends may be dissatisfied, or discouraged. But this objection is not of any weight with the conscientious physician—his action must be governed by what he believes to be the true interests of the mother and of the child.

Some other objections are not so easily answered. It may happen that, while the obstetrician is removing the forceps, vigorous uterine and abdominal contraction may expel the child and he is so engaged that he can do nothing for the protection of the perineum. Or again, after the instrument is removed, the expulsion failing, a reapplication is necessary. For these reasons we believe Pinard is right in saying that one ought not to disarticulate the forceps until the head has been delivered, unless the latter has been improperly seized.

Velpeau, who regarded removal of the forceps as often useful, also taught that the surest means of protecting the perineum was to retain the head at the vulva as long as possible, making no traction, if the uterus had sufficient energy to complete the labor.

Certainly the forceps is one of the best of means for keeping the head in the passage until the latter is sufficiently dilated for the safe escape of the former, and also the best means for securing the passing out of the head in the axis of the vulval opening, and thus contributing to the protection of the perineum.—*Med. News.*

## *A CASE OF WORMS IN THE BLADDER.*

Reported by Dr. E. H. M. Parham, in the *Southern Medical Record*. The patient sought medical advice for a slight pain and soreness in the region of the kidneys. He was directed to take half drachm doses of fluid extract of buchu. Very soon after he commenced using the buchu he discharged several living worms with his urine, and continues to discharge them occasionally. They are from one-half to one inch and a quarter long and about twice as large as number eight spool thread. They have dark colored spots or bands on them.

As santonine is chiefly excreted by the kidneys, we do not see but that it would be quite as efficient for worms in this situation as for worms in the alimentary canal. For the same reason oil of turpentine would probably be efficient.—*Medical World.*—*Virginia Medical Monthly.*

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## *A NEW VIEW OF INEBRIETY.*

A novel and curious study has been published in a late number of the *Alienist and Neurologist*, by Dr. T. D. Crothers. Assuming that inebriety is a disease, he inquires whether it belongs to the class of contagious disorders. More correctly speaking, he asserts that it does belong to them, and gives a number of cases establishing his views.

Certainly he renders such an opinion plausible, and thus offers new suggestions for the prevention of this melancholy condition.

The instances he adduces are such as have generally been set down to the evil effects of bad example and association. Dr. Crothers very pertinently asks whether they may not be the result of an actual contagion, resulting in pathological changes of the nerve centres, and leading to inebriety with as little volition on the part of the sufferer, as if he had an attack of measles or typhoid fever.

Any observer of men will have noticed how much more liable to excess drinkers are in some company than in others, and this by no means always in the company of those who themselves are given to excess. It is often seen that the presence of some individual will be the sign for moderate drinking to be pushed to intoxication, although such individual himself may not set the example, nor join in the drunkenness.

Whether this influence, the reality of which cannot be doubted, is mental or physical, or a little of both, may be disputed. Dr. Crothers considers it wholly physical, as must all that school of psychologists who refuse to discriminate between mental and cerebral action.

At any rate, the prolonged efforts of those who insist on following out the theory that drunkenness is a vice, a sin, that must be met by moral suasion, prayer, and sermons, have clearly shown themselves to be inadequate to meet and check this growing habit. It is therefore high time that it be encountered with other weapons and from a different point of attack. If it is accepted as a real disease, communicated like many other diseases, to be systematically treated like them, and those afflicted with it to be placed in the same category as others subject to a malady, in this instance a contagious one, then we have new resources at our command which may give us the advantage in the hitherto unequal conflict.—*Medical and Surgical Reporter.*

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## *HOW TO SHRINK HYPERTROPHIED TONSILS BY CAUSTIC APPLICATIONS.*

Among the various caustics for local use in causing shrinkage of tonsillar hypertrophies, Dr. Chisholm *(Virginia Medical Monthly)* has found the chloride of zinc the most available and the least annoying to the patient. He employs it in the following manner: A wire, the size of a fine knitting-needle, is roughened for a half inch from one end, so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc, and thrust it to the very bottom of the crypt, and keep it there several seconds. When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle, several may be thoroughly cauterized at the same sitting, without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after the destructive cauterization has been made to the interior of the follicles.—*Medical Record.*

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## *DOUBLE UTERUS AND VAGINA.*

Mrs. W., aged 21. Commenced to have her courses at 16. She consulted a physician and took medicine to bring them on at that time, but she did not become regular. She would go two or three months between her sickness. She was married at 18, and for the first year after marriage she was regular every month; then she became irregular again, and would go three or four months without seeing anything, and thought at one time that she was pregnant. For the past year she has had quite severe pain with her courses, and has had quite a leucorrhœal discharge. November 11, 1884, she consulted me for the above symptoms.

An examination was suggested and granted. On making a digital examination in passing two fingers into the vagina, I found a membranous fold between my fingers. Endeavoring to get around this and get my fingers together, I found it impossible to do so. Then carrying my fingers further up, I found that each finger was in a separate passage, and that in each passage there was a cervix, and by conjoined manipulation each seemed to be attached together, the uterus was slightly anteflexed with each body attached together. There was a septum extending the entire length of vagina from the cervices to the os vaginæ. There was no communication between the two passages. The lower border of the septum was irregular and was slightly colored with pigment. I examined with a valvular speculum, and found a small cervix about the size of the pulp of the middle finger in each passage. The sound would pass $1\frac{3}{4}$ inches into each os. The os on each side was close to and turned toward the septum. The septum was easily pushed aside, and the capacity of one passage was nearly as great as that of the other. No precautions having been taken to prevent conception the woman is probably sterile. In an interview with her husband, he stated that he was aware there were two passages, and that intercourse had taken place in each passage.—*Med. and Surg. Reporter.*

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## *BLOOD DISCHARGES FROM THE BOWELS IN CHILDREN.*

The author enumerates the bloody discharges which can take place from the bowels in children when the lesion is below the pylorus. Congestion of the mucous membrane, with or without accompanying catarrhal inflammation, is quite common amongst young infants, and occasionally causes bloody discharges; this congestion may be secondary to diseases of the other viscera. Mosler states that chronic diseases of the spleen are liable to be complicated with diarrhœa. Hyperemia may be due to a disordered liver or its imperfect development. Hepatic cirrhosis has been observed in young children as a cause of intestinal hemorrhage. Occlusion of the portal vein or embolism of the umbilical may produce hemorrhage. Dysentery and enterocolitis, when severe, will give rise to bloody stools. Fissure of the rectum is a rare cause. Foreign bodies as sharp pieces of bone, glass, or other substance, either swallowed or introduced into the rectum. Hemophilia, intussuception, melena vera or neonatorum has been assigned as a cause, but nothing definite is known. Prolapsus of the rectum is more frequent in children than generally supposed; Bryant says it is the principal

cause of hemorrhage; prolapse of the rectum is less frequently accompanied by bloody discharges in children than in adults. Traumatism; fatal hemorrhages may be concealed. Ulceration; sloughing of necrosed follicles in the course of simple catarrh or inflammation of tubercular origin; in typhoid fever ulceration is rare in children.—*Archives of Pediactrics.*

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## *EASY AND PAINLESS PARTURITION.*

A WRITER in *The Medical World* says:

How to render parturition easy and painless, has for ages been a problem. From an old publication we quote the following: "In proportion as a woman subsists during pregnancy upon aliment which is free from earthy or bony matter, will she avoid pain and danger in delivery." A lady who had borne two children had suffered extremely during both labors, and for two or three months previous to each delivery she had swollen limbs, enlarged veins, and general bad health. During her third pregnancy she was affected in the same way, and it was doubted if she was able to survive the third ordeal. When advanced full seven months she was induced to try the above. She lived upon fruits, mostly acid fruits, as they are more solvent to the basic matters, rice, sago, succulent vegetables, etc., taking but little bread, potatoes or meat. In six weeks the swelling had entirely left her extremities, the veins were of natural size, and she became so buoyant and active that she could run up a flight of more than twenty stairs, a feat that she could scarcely perform when perfectly well and not pregnant. She continued living as above until her delivery, which was, as attested to by both accoucheur and midwife, usually easy and rapid. In four days she was up and well, while after other pregnancies she did not leave the bed until the tenth day, after which time a tedious recovery ensued. "The child, a boy, was finely proportioned and exceedingly soft, *his bones being all gristle*, but he became of large size and very graceful, athletic and strong as he grew up." Immediately after the birth the diet of the mother was changed to bread, milk, meat, and other articles rich in the phosphate of lime. Other cases are reported in which the same course was pursued, in each instance the reward being good health during pregnancy, rapid and easy delivery, prompt and complete recovery, and healthy children.

The above is the substance of a pamphlet published privately in England in 1841. As assimilation, parturition, etc., are much the same now as then, it would seem that methods that were so successful then deserve some attention now. True, this was

before the advent of anæsthesia; but anæsthetics remove the pain only, while all the other evils of a hard labor are present. With subinvolutions, inflammations, lacerations, fistulæ, etc., what wonder that motherhood is now the supreme dread of many women. All who have observed the course of the profession in recent years are aware that the pressing need of modern medicine is to get rid of, not the gynæcologist, but the necessity for him. The above plan seems to do this. If delaying the process of ossification during fœtal life, by the above regimen, will give the results that are claimed for it without unfavorably influencing the health of mother or child, it certainly deserves attention.

As to articles of food, lemons and other acid fruits should predominate, for the reason above mentioned. Sugar may be used *ad libitum*, as it contains no earthy matter. Rice, sago, tapioca, etc., which contain very little basic material, should be substituted for bread made from wheat, rye, indian corn, etc. Natives of tropical countries, who live chiefly on rice, have easy labors. Fluids will not be in much demand by a system that is subsisting largely on fruits. Distilled water or lemonade or tea made from it should alone be used. It is said that a man drinking ordinary spring water will, in forty years, take into his system enough calcareous material to form a statue as large as his own body. Cabbage, turnips, parsnips, and fresh, succulent vegetables generally, may be taken with tolerable freedom. Potatoes, peas, beans, lentils and salt are to be avoided. Meats should be taken sparingly, and when taken at all, young meats, as veal, lamb, etc., are preferable, as they contain less earthy substances than older meats. Fish is allowable with partial freedom. Coffee and spices should be avoided, while honey, molasses, butter, etc., may be taken freely.

Immediately after the labor this regimen should be reversed, in order to furnish as much ossifying material as possible in the mother's milk.—*Physicians and Surgeons' Investigator.*

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## *HE PROMISED TO CURE CONSUMPTION.*

The *Boston Medical and Surgical Journal* says that a rather unusual case has lately been submitted to Judge Hagner in the Circuit Court at Washington, D. C., according to the *Evening Star*. This was a suit to recover from Dr. W. H. Hale, one hundred dollars paid him by a colored man named Meredith under a guaranty of Hale that for that sum he would cure Meredith's son of pulmonary consumption, and in case he failed he would refund the money. The boy died, and Meredith sued Hale before a justice of the peace and obtained judgment.

The case was re-opened, and judgment was given against Hale a second time, and he appealed. After the testimony of the parties was given, Judge Hagner affirmed the judgement below. He declined to consider the defendant's bill in bar for attending Meredith's wife, and decided the case solely as to the original claim. Judge Hagner read the heading of Dr. Hale's circular—"Hearth and Home, sworn circulation 63,000 copies monthly"—and the signed guaranty to cure the son, and said, "This guaranty was to perform an impossibility, to reverse a decree of the Almighty, and was akin to gypsying and voudooism, which says: 'I don't want your money, but as I must touch silver I must have it before I can succeed.' The justice was right in his decision that the money should be paid back, and this court affirms that decision."—*Medical and Surgical Reporter.*

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## *THE TREATMENT OF HEMORRHOIDS.*

Professor Verneuil recommends cold local applications and mild laxatives in the treatment of slight cases of hemorrhoids. For the more severe cases he employs forced dilatation. Hemorrhoids are caused, he says, by a strangulation of the superior mesenteric veins which traverse the muscular wall of the rectum. This strangulation gives rise to the formation of the venous tumors, precisely as varicose veins are occasioned by constriction from the ring of the soleus muscle. If now the muscular contracture be overcome the venous circulation is restored and the hemorrhoidal tumors disappear. In order to insure success the dilatation should not be attempted with the fingers, but should be accomplished by means of a speculum. By means of this instrumental dilatation the author asserts that hemorrhoids may be radically cured within a week without the use of the knife.—*Revue Medicale.—Medical Record.*

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## *THE INTRODUCTION AND EXTRACTION OF NEEDLES.*

M. Despres, in a lecture which he delivered at La Charite (*Gazette Medicale*, May 17), made some interesting observations. A young woman striking a table with the palm of her hand thrust a needle into the base of her middle finger, and this, striking against the first phalanx, broke and became fixed there. When seen two days afterwards, the fragment of needle had completely disappeared amidst the inflamed tissues. On pressing at the base of the middle finger, however, a foreign body, pressure on which occasioned pain, could be felt. An incision was

made at this point, and a fragment of needle, measuring $1\frac{1}{2}$ centimetre, removed by the forceps. Here the incision was justified by the fact that the foreign body was firmly fixed. The subject of a second case was a young woman into whose breast a needle was driven obliquely by a blow, and entirely disappeared under the skin. Guided by the patient, the presence of the needle could be ascertained; but in this case an incision for its removal would be improper, for the integuments of the breast are so mobile that an incision made in the skin would not correspond to the foreign body. The presence of the needle having been exactly determined, we should seize it in its length and make pressure on its two ends. At one of these we may perceive a slight cracking sound, and here the patient also feels a sharper pain than elsewhere, and this is the point of the needle. If we now press firmly upon the other end, this point will be forced through the integument, and can then be seized with a forceps. An incision should never be made except when the body is fixed in the tissues, as in the first case. One caution must be borne in mind, and that is, we should never attempt an extraction on the mere statement of the patient that a needle is present in the tissues, and when we are unable to verify its presence; for sometimes persons declare that they have needles in their tissues when they have not; or when we are consulted the needle may have already migrated to another part of the body, this migration sometimes taking place very rapidly.—*Med. and Surg. Rep.*

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## *A NEW METHOD OF TREATING UTERINE HEMORRHAGE.*

At the recent meeting of the British Medical Association a paper was read by Richard Richardson, before the section of obstetric medicine, in which he claimed very singular advantages from the application of iron alum in cases of uterine hæmorrhage. He, moreover, attached considerable importance to the method in which he applied the styptic. He applied it in the form of the crystal of about the size of a hazel nut, or slightly larger, in severe cases. This crystal is to be introduced with the finger up to the os uteri, and not into it, and there allowed to remain. Under its influence the uterus is said to at once contract, a firm coagulum to form, and the hæmorrhage at once to cease. The iron alum is also antiseptic and Dr. Richardson claims to have removed clots, on the fourth and fifth day after its application, which were quite free from any disagreeable odor. In a case of very severe hæmorrhage he injects, two or three days after the application of the alum, a little warm water to remove

the clots. This method of treatment has none of the dangers attached to it which are inevitable from the injection of liquid preparations into the cavity of the uterus, and Dr. Richardson declares that he has never known it to fail either in accidental, unavoidable, post partum or secondary hæmorrhage. He reports in detail six cases, from a record of eighty-two cases, of uterine hæmorrhage, in which the remedy was applied without a single failure.

If subsequent experience should corroborate Dr. Richardson's claim, his discovery will be entitled to rank among the more important of recent years. Lest, however, the profession might receive Dr. Richardson's rose-colored statements with too much faith, it may be well to state that in the discussion which followed the reading of the paper, considerable doubt was expressed as to the universal applicability of this simple means of allaying uterine hæmorrhage, the causes and sources of which are too various to be amenable to any single line of treatment. It may be well, however, in spite of this caution for our readers to charge their minds with Dr. Richardson's claims, against the emergencies which are apt to present in the ordinary rounds of practice.—*Therapeutic Gazette.*

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## *NEW, SUCCESSFUL, AND PALATABLE MEDICINE FOR TREATMENT OF TAPEWORM.*

Under the above title Dr. Howard Pinkney, writing from Sharon Springs to the *Medical Record*, describes his experience with the oil of the pine needle, made from the *pinus pumilio*. A hall-boy of the hotel had suffered for five years from tapeworm. He had been treated for four years in New York, but never had succeeded in getting rid of over four feet of links at a time. Dr. Pinkney not being able to get any male fern, pelletierine, or pumpkin seeds, therefore tried the following experiment: The patient fasted from breakfast, and at 9 P. M. he was given one teaspoonful of oil of the pine needle in half a glass of milk. The following morning, as there was no perceptible action of the medicine, the dose was doubled. This, the boy said, had a most agreeable taste. One hour later he took a dose of castor oil, and in the course of two hours after this he passed an entire tænia solium measuring fifteen feet six inches in length, and one-half inch at its broadest part, gradually tapering down to almost a thread. To be positive that none remained behind, he was given two teaspoonfuls more, but no sign of any worm or part thereof passed. "This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and when mixed with milk

very agreeable to the taste. It produces no strangury, tenesmus, or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation." The correspondent would be pleased to know if any of our readers have ever read or known of its use in similar cases.—*Medical and Surgical Reporter.*

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## *CONTRIBUTION TO THE WORM DISEASES WHICH ARE PECULIAR TO MAN.*

The author tells of a little girl four years of age who came under his observation and who from the time of her birth had frequently suffered from swellings and abscess formations in the region of the navel, and also from the presence of lumbricoids. After a large navel abscess had been opened there were subsequently found in the bandage which covered the wound six living lumbricoids, and others were found at later periods. On one occasion the author was able to draw out a worm from the navel opening by its head. Large doses of santonin were given and ten more worms escaped from the navel, several others being passed with the feces. The abscess healed without further trouble. As to the origin of the navel fistula there had probably been inflammation, and perhaps a fistula of the small intestine very early in life. The intestine had gradually become united to the navel ring, and this, with the assistance of the lumbricoids, was followed by the perforation of the abdominal wall.—*(Arch. f. Kinderh.)—Arcdives of Pediatrics.*

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## *THE CHOLERA, AND ARE WE PREPARED FOR IT.*

The appearance of cholera in Paris, in epidemic form, and its reported "sporadic" occurrence in London, brings us almost face to face with this unwelcome visitor. In former numbers of *The Medical News* has been outlined the progress of the disease abroad, and what means should be adopted in our own country to prevent its introduction or mitigate its severity, should it obtain a foothold.

The proclamation of the President in July last, the almost daily bulletins in our medical journals and newspapers, the action of local and State boards of health, have all been calculated to arouse the most indifferent to a realizing sense of the impending danger, yet with all this we have heard of no movement in the direction of being practically prepared for the disease. Quarantine inspections, sanitation, etc., are all well enough, but in case

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## PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

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Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

**Copies of these Works sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S

**83 John Street, New York.**

# IMPORTANT!

## *GREEN DRUG*

# FLUID EXTRACTS,

## OR NORMAL TINCTURES.

## THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL CO. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL CO. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

### Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

### Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | - - - - - | 12 | " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞

| | | |
|---|---|---|
| Hydrastia Sulph. pure, | - - - - - - - - | grs. x. |
| Mucilage Acacia, | - - - - - - - - | oz. i. j. |
| Aqua Rosæ, | - - - - - - - - - | oz. iv. |

} Mix.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞

| | | |
|---|---|---|
| Hydrastia Sulph. pure, | - - - - - - | 1-4 gr. |
| Podophyllin, | - - - - - - | 1.20 gr. |

} Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

### Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of tnis salt.

### Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

### Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

### Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

### Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

### Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

### Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

**B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.**

the disease reaches our shores, what actual preparation has been made in our large cities for the care of the sick poor, for their removal to hospitals, or, in fact, for hospitals in which to put them? What arrangements are on foot for the speedy depopulation of an infected district, its purification, and the care of the population removed from it? We do not wish to alarm our readers, but these are practical questions, and although the disease may not reach us before next spring, it must be remembered that more than one epidemic of cholera obtained a lodgement in the United States during the winter months, notwithstanding a vigilant quarantine and the adoption of sanitary precautions.

With cholera so near—at Paris and London—it is possible for it to reach us at any moment, and an organized corps of medical men, with experienced nurses engaged, hospitals prepared, and all the details provided for, would simplify the work, and do much toward staying the disease and avoiding a panic. Let these means be provided without delay, to be called into active use if found necessary; adn, if we happily escape the visitation of cholera, the expense incurred will be a trifle compared with what it might have been had the disease appeared and found us unprepared to meet it.

There is no estimating the quieting effect upon the public mind which would follow the announcement by our health officers that every arrangement had been made for meeting the disease, and, in case it comes, the facilities for managing it being already at hand, no unnecessary confusion or panic would follow.—*Medical News.*

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## *AN OBSERVATION REGARDING MENSTRUATION IN ANIMALS.*

Dr. S. A. Evans, of Conway, N. H., writes: "For several years past I have kept a non-pregnant cow, for the purpose of supplying my family with milk. Have kept a record of periods of heat. Find they recur once in twenty-one days. Are accompanied, first, by a discharge of gelatinous material from vulva, which, after some hours, becomes slightly tinged with blood. The color becomes gradually more pronounced, until within twenty-four hours it appears to be pure blood. Periods last about forty-eight hours. At these periods only can the cow become impregnated, which would seem to show that in her case ovulation and menstruation are simultaneous. These observations have extended through three winters, and in two different animals."—*Medical Record.*

## EDITORIAL.

*"In things essential, unity; in things doubtful, liberty; in all things, charity."*

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### *THEY COME AND THEY GO.*

THIS is the fifth annual visit of the JOURNAL to its friends and subscribers—the last two and a half of which have been under the management of the present editor. The very general commendation which our labors have received and the alacrity with which most of our subscribers have contributed the necessary support, are causes of encouragement and pleasure. So long have we been working from month to month in gleaning from the wide field of medical literature, and gathering from any or all sources, whatever we have deemed would be most acceptable and profitable to our readers, that the labor has come to be rather a source of enjoyment than a task; and though the position is not without its annoyances yet we would be reluctant to abandon it, the more particularly because it has served to attach us to our profession and to establish friendly relations with a large number of our brethren. We are happy to inform our friends that the JOURNAL is in every respect in a prosperous condition. Its subscription list has steadily increased, upwards of a thousand new names having been added within the twelvemonth, and everything promises for us even a better future. We cannot refrain in this connection from acknowledging our indebtedness to Dr. C. E. Miles, for invaluable assistance rendered in our department of Gleanings from Eclecticism, and to Dr. P. E. Howes, for the many elaborate and finished Society reports which he has furnished us, together with a host of other friends who are alike deserving of thanks for the very substantial aid which they have given in the way of useful and practical contributions. We have striven to render the JOURNAL worthy of the confidence of the profession, and if the liberal support which we have received, and the hearty endorsement which has frequently been given are to be taken as guarantees of the appreciation of our labors, we are satisfied.

Our readers will bear us out when we say that it has not been

our custom to importune for the payment of dues, but the beginning of a new year seems a suitable time to remind some of our subscribers that the price was reduced a year ago to one dollar a year, *in advance;* and we dislike to dun much more than they appear to dislike to be dunned. A word to the wise, etc. We shall leave nothing undone in the future to make the JOURNAL a valuable, practical medical journal, a source of enjoyment and profit to the general practitioner. In conclusion we wish our friends, one and all, a Happy New Year.

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## *SYPHILOMANIA.*

NOT long since we read, in an exchange of high standing, a rather elaborate and learned article, entitled "Syphilis of the Heart," the case being that of a patient who died suddenly after four months of heart disease. The heart was found hypertrophied and the aortic valves "covered with vegetations," and the patient had confessed to having had a primary sore some years before, and on these the diagnosis was based. We take exceptions to the inference, because the valves of the heart are liable to such growths from other causes, vegetations being met with on the valves in persons who have otherwise enjoyed good health, and in children and virgins. That syphilitic disease does occur no one will deny, as does also cardiac neuralgia of the same character, but in the case alluded to the evidence of syphilis, as detailed, was—we believe—altogether insufficient.

It is becoming the fashion of the day to see syphilis everywhere, and to our way of thinking the wide-spread and growing habit of inferring so much in regard to this class of disease, is to be deprecated. A few wandering aches or pains, especially if worse at night, seem sufficient to turn the suspicions of some practitioners in this direction, and if the patient confess to having had the slightest touch of infection, in any form, no matter how long ago, the diagnosis is confirmed beyond a doubt. Even when no such ground for suspicion can be traced, we have known the verdict to be pronounced, greatly to the disgust and wrathfulness of the defendant who flatters himself in all good conscience, that his life has been strictly virtuous. In one case of which we are cognizant, the doctor met the indignant assever-

ation of innocence on the part of the patient, with the assertion that, if innocent himself, he must have contracted the disease from his wife, or inherited it from his father or mother. This philosophic view of the matter drew forth from the insulted party a demonstration which will, we fancy, deter the doctor from ever again uttering a similar opinion without some better protection than hasty and empirical logic.

We have reason to believe that it is a common habit with a considerable number of respectable physicians thus to conjure up the demon of syphilis. Perhaps it may serve the place of argument to suggest the term *syphilo-mania* as applicable to this phase of unsound logic. We do not, of course, refer to those miserable charlatans who make it a business to decoy weak-minded people into their toils by fomenting the idea of syphilis, as they do that of seminal weakness, through anatomical museums, pamphlets and hand-bills, and particularly those benign guardians of the health, morals, and well-being of society, the newspapers, especially the religious press.

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## *PUT THE BLAME WHERE IT BELONGS.*

When a woman lives in a state of cohabitation with a man yet remains childless her condition is said to be one of sterility or barrenness, and this is a condition which is frequently brought to the attention of physicians because, just so sure as a woman has reason to believe that she cannot bear a child, she becomes frantic to have one, although before she lived in constant fear that she would. While in the vast majority of cases the cause of infecundity lies in the woman, still sterility on the part of males, though a rare exception, does now and then occur, as the following case illustrates:

A strong, healthy well-to-do woman, about thirty years of age, sought advice a year or more ago, complaining of dysmenorrhœa and some leucorrhœa. Although she had been married nearly nine years, she had had no children, and it was mainly on account of her sterility that she sought medical aid, for her, and her husband's desire for children was intense. The usual conical cervix of a nullipara, together with a minor degree of anteflexion and some stenosis were found. She was placed

under ether, and the cervical canal was forcibly straightened and stretched by Ellinger's dilator. This operation followed by topical treatment gave absolute relief for five or six months. Still she did not conceive and at the end of that time began to have slight return of pain at the monthly flux. At her earnest request she was again etherized and the cervical canal again dilated, but still she remained barren. She then so begged that some operation might be done that would be likely to make her fruitful, that slitting up the cervix was being considered though the amount of dysmenorrhœa was really not enough to warrant it, when new light was thrown upon the subject from an unexpected source. Her husband had picked up one of those vile pamphlets which, while pandering to our lowest instincts serve as advertisements for medical sharks. From reading its contents he was led to believe that the fault lay on his side and not his wife's. Accordingly without her knowledge he called on the authors of the pamphlet—for they generally hunt in couples—and stated his case to them. They assured him that "his seed was dead," but offered to restore it to life for the consideration of $75. He paid down the sum at once and began a course of treatment which consisted of a few shocks from a battery and some medicine. After a couple of weeks had elapsed they told him that his case was one requiring a far more active treatment than they had at first supposed, and demanded $75 more. Before paying the additional amount he made a clean breast of it to his wife, and she prevailed upon him to confer with her physician.

He appeared to be a little older than his wife, was in splendid health, and had since puberty contracted no other disease than a gonorrhœa, which, fifteen years before, kept him in bed some days with inflamed testicles. Nevertheless he confessed to vigorous virile powers, and had no complaints to make against his wife on that score. He was an unusually intelligent man and his confidence in the harpies into whose hands he had fallen—at no time very strong—was altogether destroyed, by explaining their old trick of showing under the microscope lively vinegar eels as a proof of virility restored by their treatment. At his own suggestion a fresh specimen of his semen was examined and to the great surprise of the examiner not a single sperma-

tozoon, living or dead, could be discovered, though the examination was made with the utmost care. So unexpected was this result that, fearing some source of error had crept into the examination, it was repeated a second and even a third time, each time with a fresh specimen, yet not a trace of a spermatozoon was found.

This extremely interesting case leads us to believe that physi cians too often charge the wife with the fault of unfruitfulness, when it lies with the husband. We believe we can recall cases in which we made this error—an error which can only be avoided by a microscopic examination of the semen. Such a diagnostic procedure is, however, delicate to propose, and repulsive to make. Hence it is, probably, that the cervix has so often been unnecessarily—as we believe—incised, dilated, or otherwise maltreated. We are also led to think that in the majority of those cases of unfruitful marriage which have been attributed to a latent gonorrhœa in the woman, it is reasonable to attribute the sterility less to an alleged secondary infection of the wife's organs than to the primary disorder of the husband's. In the interest of science, as well as of humanity and fair play, all unfruitful marriages—not intentionally so—demand such a means of diagnosis as shall attach the blame where it belongs and without doubt.

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## *"A LIE WELL STUCK TO IS BETTER THAN TWO TRUTHS FALTERINGLY TOLD."*

We don't pretend to vouch for the truth of this old adage, but it is evidently the principle (?) which governs some.

Some ten or twelve years ago, a Mr. Ryerson, of Detroit, had a cancer, or what was supposed to be a cancer, which was cured, so it was said, by a certain nostrum. The cure was published to the world and went the rounds of the newspapers. The story had scarcely started on its travels when Mr. Ryerson come to the end of his earthly career through the effects of the cancer that had been *cured*. But the publication continued to travel around and around in the newspapers for some years and then it too vanished and was no more heard of. Poor Mr. Ryerson who died cured, has long been "mouldering in the grave," and the

newspaper which started the wonderful history of the cure has also been defunct for some years, but the story had a greater tenacity of life than either and has recently taken a fresh start, credited to the dead paper, and will doubtless find plenty of believers. Let it circulate, it is just as truthful and valuable as many of similar certificates which attest the cures performed by nostrums and frauds, which are circulated and believed.

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## *MASSACHUSETTS ECLECTIC MEDICAL SOCIETY*

The semi-annual meeting of the Massachusetts Eclectic Medical Society, will be held at the Revere House, Boston, on Wednesday, January 14th, at 10 A. M. Essayists, A. L. Chase, M. D., of Randolph, subject "Placenta Prævia," A. J. Marston, M. D., of Worcester, subject, "Stricture of the Urethra and Urinary Fistulæ"; J. S. Leamming, M. D., of New Bedford, H. F. Gleason, M. D., of Brockton and J. A. Tabor, M. D., of Lawrence. Semi-annual dinner at 1 P. M.

P. E. Howes, M. D., Secretary.

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## *PERSONALS, BRIEFS, ITEMS, ETC.*

*A testimonial* in a medical advertisement begins, "Eleven years my daughter suffered on a bed of misery." Hundreds of people who spent their vacation in the country or at the shore last summer, will declare that they know just where that bed is located.———*Dr. G. W. Barr*, writes in the Medical and Surgical Reporter that when five or six grains of quinine are mixed with one drachm of Parke, Davis & Co.'s syrup yerba santa. arom., the mixture has no perceptible bitterness whatever and no after taste. We know this to be a good thing.———*An Irishman* says he can see no earthly reason why women should not be allowed to become medical men.———"*In Bumstead's Pathology and Treatment of Venereal Diseases*," a standard work, held in high esteem by the profession, special prominence is given to the virtues of Erythroxylon Coca as an adjuvant in the constitutional treatment of syphilis, the author regarding it as one of the most valuable agents at our command. "While not claiming that the drug is a *specific* for syphilis, "its marked tonic effect upon the heart, nervous system and capillaries, and its power to

invigorate the system, to improve nutrition, and to sustain life, is so great, that its use in syphilis, secondary only to that of mercury and iodide of potassium, is undoubtedly attended with results which no other agent known to us possesses. It is especially useful in the anemia and cachexia of the secondary period," etc. By far the most elegant preparation of this agent is Wine of Coca prepared by T. Metcalf & Co. We cordially commend it.———*Chicago boasts of a lady*, now ninety-four years old, who used to sit in George Washington's lap. It is comforting to know that, even if George could'nt tell a lie, he used to have some fun with the girls.———*The old-established and reliable house* of Codman & Shurtleff offers to the profession Vaccine Virus, which is of the best quality, to the knowledge of the editor, who has used it with great success. Their Clinical Thermometers, Pneumatic Aspirating Apparatus, and Hypodermic Syringes, are all of the finest and latest patterns. No other house in America can, or will do better by you. Send for their catalogue.———*Sunday-school Teacher*—"Who made the world?" (No answer.) S. S. T.—"Tut, tut! None of you know that? I say who made the world?" Small boy—"Please, sir, it wusn't me."———"*I haven't had a bite for two days*," pleaded a tramp. "Is it possible?" answered the woman, with sympathy. "I'll see what I can do for you. Here, Tige, Tige—" The tramp broke a $2 gate getting away.

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## *RECEIPTS.*

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during December:

W. J. Haine 1, R. B. Carswell 2, A. S. Russell 1, N. Z. Goode 1, A. Q. Milane 1, U. V. Vosse 1, K. Y. Louis 1, M. S. Paynor 1, M. E. Whistmar 1, O. N. Ham 1, W. G. Brightman 1, O. D. Day 1, F. E. Milliken 1, G. W. Montenier 1, L. S. Prince 1, R. P. Kenser 1, C. B. Daumbe 1, D. D. Abraham 1, A. A. Finche 1, D. R. Newbury 1, W. M. Denier 1, O. T. Moriarty 1, E. F. Place 1, S. T. Bernard 1, W. A. Rascher 1, G. W. Marcey 1, O. A. Proetor 1, G. E. O. Derne 1, O. P. Goodman 1, O. U. Whooley 1, O. L. Florence 1, F. C. Deeatur 1, W. D. Winter 1, J. A. Frost 1, C. K. Maynard 1, S. J. Bandmer 1, A. H. Kimbrier 1, N. B. Ingalls 1, S. T. Zane 1, V. J. Nasby 1, K. P. Weintze 1, B. A. Verbeton 1, W. S. Torrey 1, E. F. Ladd 1.

# FOR INFANTS AND INVALIDS.

**MELLIN'S FOOD** is the only perfect substitute for Mother's Milk.

**MELLIN'S FOOD** is the most nourishing diet for invalids and nursing mothers.

**MELLIN'S FOOD** is used in counting rooms and offices as a most agreeable lunch.

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**MELLIN'S FOOD** is the best food for sick infants.

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**MELLIN'S FOOD** is endorsed by physicians.

**MELLIN'S FOOD** keeps in all climates.

**MELLIN'S FOOD** is sold by druggists throughout the United States.

**MELLIN'S FOOD** is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

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**A Sample Bottle Free by Mail to any Physician.**

## DOLIBER, GOODALE & CO.,

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Correspondence from Physicians Promptly Answered.

# SCOTT'S EMULSION

## PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.

PERFECT, PERMANENT, PALATABLE.

**THE STANDARD EMULSION OF COD LIVER OIL.**

Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

**SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.**

# The California Medical Journal,

## (ECLECTIC)

**The Pacific Slope Organ of Eclectic Medicine and Surgery.**

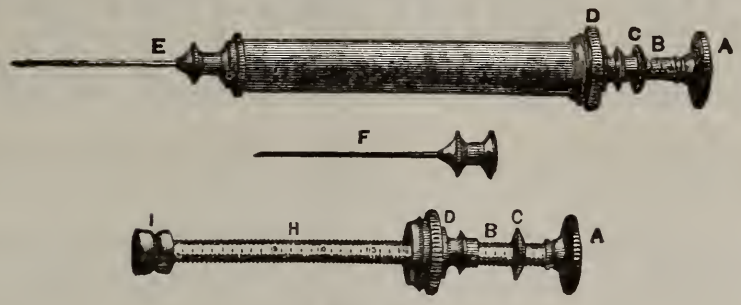
This Journal, now in its fifth year of publication, is a forty-eight page monthly devoted to the interests of the general practitioners, and to the advancement of medicine in all its branches. During the past year the price has been reduced from $2 00 per year to $1.00, for the purpose of inducing every eclectic practitioner in the United States to become a subscriber. Already our list has increased largely, but we hope with the beginning of the sixth volume, (January, 1885), to number many more among our subscribers. Eastern physicians will find it a matter not only of profit, but satisfaction to know of the condition of eclectic medicine on this coast. The very low price at which it is offered, should induce every one to subscribe and contribute to its pages. The editor will be assisted by members of the Faculty of the California Medical College, who will contribute valuable articles from time to time, and a number of physicians of California, who have already rendered valuable aid, will continue to assist in illuminating its pages.

Sample copies sent to anyone who has not already seen it upon application to

H. T. WEBSTER, M. D.,
Editor California Medical Journal,
Oakland, Cal.

☞In corresponding with Advertisers, please be sure and mention this Journal.

# NEW HYPODERMIC SYRINGES.




*No. 2.*

These cuts (two-thirds the actual size) represent a New Hypodermic Syringe of our manufacture. With the exception of the needles, it is of German Silver, a material chosen as possessing, next to steel, the greatest rigidity and durability, while free from liability to oxydation. The barrel is formed by a pr cess peculiar to ourselves, securing uniformity of calibre without soldered joint or seam. It is plated inside and outside with nickel. The piston is packed in the double parachute form, with leather prepared expressly for the purpose. It will be found to retain its elasticity, to operate smoothly, to resist all tendency of fluid to pass above, as of air below it. A nicely engraved scale upon the piston rod indicates minims, thirty being the capacity of the syringe.

Syringes Nos. 2, 3, and 4 have also a screw thread upon the piston rod, and a traverse nut, thereby favoring the utmost nicety in the graduation of doses.

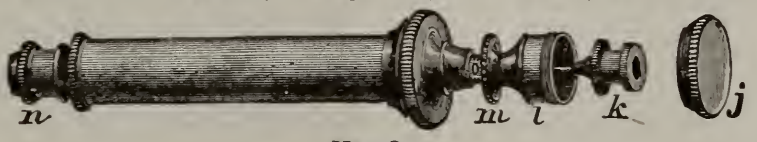
No. 3, Compact, has hollow piston rod to receive one needle, also a protectlng cover and fluid retainer; it may be carried in the pocket instrument or vial case, or without any case.

No. 4, Compact, is like No. 3, with the addition of a second needle, carried upon the syringe in the usual place, protected by a metal shield.

Nos. 1 and 2 are put up in neat morocco-covered case, with vial.

Two sizes of needles are furnished with each instrument, Nos. 1, 2, and 4: one only with No. 3. They are refined steel, carefully tempered, and thoroughly plated with gold; they are of small diameter and large relative calibre, sharpened to such an angle as will offer least resistance to penetration, and therefore cause least pain. At the point of union with the socket they are reinforced with an outer covering of German silver, thereby overcoming the tendency to become broken at this place. They are connected with the barrels by a screw thread.

***Prices;*** No. 1, ***$3,50;*** No. 2, ***$4.00;*** Postage, .03. | No. 3, ***$2.50;*** No. 4, ***$3.50;*** Postage, .02

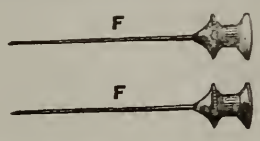


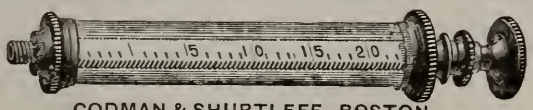

*No. 3.*

These Syringes are so thoroughly and strongly made as to be free from the annoying accidents common to most Hypodermic Syringes; and we believe that for convenience, durability, and nicety of construction they have no superior.

## OTHER HYPODERMIC SYRINGES.

No. 7, glass barrel, graduation engraved on barrel, with screw nut on piston, nickel-plated mountings, two best steel gilt needles, in neat case..... $3.00. Postage, .02.

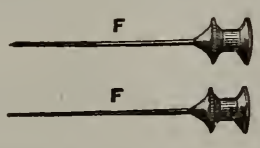



CODMAN & SHURTLEFF, BOSTON.

*No. 9.*

No. 9, glass, graduation engraved and numbered on piston rod, with screw nut, two best steel gilt needles, in neat case.... ..... ...$3.00. .02.
No. 7 or No. 9, with two steel unplated needles, either..... 2.50. .02.
No. 10, glass, Luer's (French,) graduation as No, 9, one gold needle and two steel needles, silver mountings, neat velvet-lined morocco case ..... .....12.00 .02.
No. 11, glass cylinder, fenestrated nickel-plated metal mounting (see cut).



CODMAN & SHURTLEFF, BOSTON.

*No 11.*

As represented in the cut, the glass cylinder is encased in a metal mounting, fenestrated to show the graduations for minims. The instrument may readily be taken apart for cleaning, and, for those who prefer glass, is recommended for its lesser liability to breakage. Price, with two best steel gilt needles, in a neat case.....$3.50. .02.

☞Any of the above will be sent by return mail on receipt of price and postage.

Hypodermic Syringes of all kinds Promptly Repaired.

☞N. B.—See other advertisement above, and in writing please mention this Journal.☜

**CODMAN & SHURTLEFF,**

*MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,*

**13 and 15 TREMONT STREET, - BOSTON, MASS.**

# BEEF PEPTONOIDS!

## THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

*Each Ounce of Powder represents* 10 *ounces of Beef, Wheat and Milk.*

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

*BEEF PEPTONOIDS*

IN

## CHOLERA INFANTUM

will be found superior to all foods. Ten per cent. of the Beef is peptonized; which is sufficient to stimulate natural digestion.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

DR. STUTZER, *Bonn, Germany.*
*Director of the Imperial Chemical Laboratory for Rhenish Prussia.*

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a *complete food,* consisting of 95 per cent. of assimilable solids of the most nutritious character."

PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*
*Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.*

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

REED & CARNRICK,

182 Fulton St., New York.

☞ In corresponding with Advertisers, please be sure and mention this Journal.

# MALTINE.

## (Extract Malted Barley, Wheat, and Oats.)

The secret of a good Malt Extract consists principally in the *Malting* and *Mashing* of the grain. *Diastase* is created by *fermentation.* In the mashing, the *Diastase* is set free and preserved in vacuum pans at low temperature. Our early method of evaporation *in vacuo* was taken advantage of by competitive houses which enabled them to improve the diastatic action of their preparations, in which, originally, they were wholly deficient. Our improvements in *Malting* and *Mashing* they have never been able to copy. That *Maltine is at least one-hundred per cent. more powerful in converting action* than any preparation in the market is primarily due to the fact that we have been able to preserve all the diastase that can possibly be produced from the grain, by our method of malting. Its great excess of *Nutritive* value over that of. any similar production has never been questioned.

Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes.

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

**By WILLIAM ROBERTS, M.D., F.R.S., Physician to the Manchester Royal Infirmary and Professor of Clinical Medicine to Owens's Medical College:**

"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

**Prof. R. H. CHITTENDEN, of Yale University:**

"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 3.47 grains of sugar, calculated as dextrose."

**Prof. ATFIELD, F.R.S., F.I.C., F.C.S., &c:**

Oct. 8, 1883. "I now find that 'Maltine' contains from three to five times as much diastase as any Extract of Malt in the market."

**Prof. WALTER S. HAINES, A.M., M.D., Rush Medical College:**

Chicago. Dec. 13, 1883.—"'Maltine' will convert a much larger amount of starch into sugar than any of the Malt Extracts examined, and I therefore regard it as the best Malt preparation with which I am acquainted."

**Prof. ALBERT B. PRESCOTT, M.D., F.C.S., University, Mich.:**

Jan. 7, 1884.—"'Maltine' converts 33 times its weight of starch. Trommer's Extract of Malt converts 16 times its weight of starch."

**Prof. R. DORSEY COALE, Lecturer on Chemistry and Toxicology, University of Maryland:**

Baltimore, Md., Feb. 7, 1884.—"I obtained in the open market, from four different wholesale dealers in this city, samples of 'Maltine' and 'Trommer's Extract of Malt,' and have subjected them to chemical analysis to determine the relative diastatic value of these preparations. From result submitted, it will be seen that 'Maltine' is far superior in converting power. A given weight of 'Maltine' formed into sugar 1.819 gramme, while the same weight of 'Trommer's Extract Malt' under exactly same conditions formed .898 gramme."

**CHARLES HARRINGTON, M.D., Harvard University:**

"Comparing 'Maltine' with Trommer's Extract of Malt, I find, after a series of comparative tests, that 'Maltine' possesses double the converting power of Trommer's preparation. A given weight of 'Maltine' converted twice the amount of starch that the same weight of Trommer's did, and in less time."

**Dr. STUTZER, Director of the Imperial Chemical Agricultural Laboratory for Rhenish Prussia, Bonn.:**

Germany, Dec. 1, 1883.—"As to diastase, 'Maltine' is far superior to the best Extracts of Malt I have ever seen."

We will furnish gratuitously a one-pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charges. Send for 28-page pamphlet on Maltine for further particulars. Address

**THE MALTINE MANUFACTURING CO.,**

JOHN CARNRICK, President, of Reed and Carnrick, Manufacturing Chemists and Pharmacists.

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

☞ In corresponding with Advertisers, please be sure and mention this Journal.

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

# 30,000

**PHYSICIANS** are now prescribing **HYDROLEINE**

FOR

## CONSUMPTION

AND

## WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

**Hydroleine** furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil.

**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

FORMULA OF

# HYDROLEINE

*(HYDRATED OIL.)*

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

**Copies of these valuable Works will be sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S. **83 John Street, New York.**

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Containing Representations of the Leading Forms of Plant Life, with Practical Directions and Expianatory Text. For the use of Teachers and Students. Divided into Cryptogams and Phanerogams, with 52 Full Colored Plates.

This work cannot fail to give pleasure to all lovers of Plant Life, and it must prove a valuable addition to every working student's library. The drawings are spirited and accurate, giving the mode of growth of every plant or part of a plant, so that it would be recognized by an ordinary observer. The analyses of the flowers are also most excellent and full of character, affording efficient help to students who are trying to work by themselves. The Life Histories of organisms have received full recognition, and the student of Animal Life will thus see how much there is in common between the two kingdoms.

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With Practical Directions and Explanatory Text for the Use of Students. Containing 480 Colored Figures and Diagrams. Divided into Vertebrata and Invertebrata.

To the students of natural history it is invaluable; and as a work of art it appeals to all. The perfection of detail and coloring that characterizes every portion of it, and its minute delineation of parts, render it indispensable to the library of the naturalist. It embraces sixteen groups, to each of which a separate page of explanatory matter is devoted, as well as a page of illustrations.

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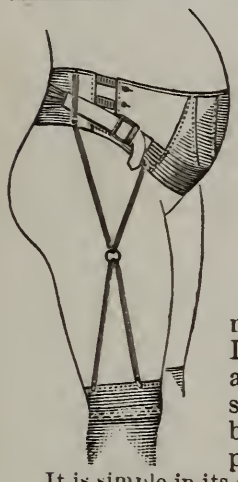
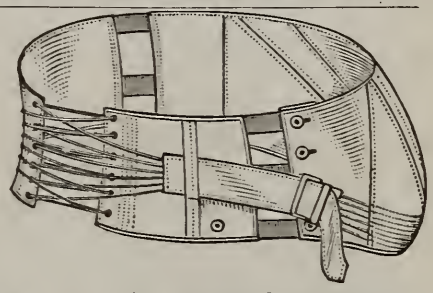


## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

**M. F. LINQUIST, M. D., New Haven, Conn.**

## $5.00 FOR 35c. A VOLUME OF UNIVERSAL REFERENCE.

THE R. M. & CO. STANDARD CYCLOPEDIA.

This Cyclopedia is a new and valuable book for popular use, compiled by competent editors, after consultation of the best authorities, printed from new, large, clear type and handsomely bound in leatherette in imitation of crocodile skin. It contains information on every conceivable subject, and its reliability has been assured by the most careful preparation. It is of the greatest use in answering the 10,000 questions that constantly arise in regard to dates, places, persons, incidents, statistics, etc., etc. Complete in one volume. Finely illustrated.

We want agents and canvassers, and in order that you may have a copy to exhibit and canvass with, we make this SPECIAL OFFER. To anyone who will agree to show this book to their friends and assist us in making sales, we will, upon recipt of 35 one-cent stamps, to prepay postage expense, packing, etc., forward one copy by return mail.

CALL PUBLISHING CO., CHICAGO, ILL.

# The Murdock Liquid Food Co.

## BOSTON,

**Wish to show the physicians of the United States the class of patients that they call chronic when admitted into their Free Hospital of 70 beds for infants and women. Contagious cases not admitted.**

IN THE INFANT'S HOME we employ no wet nurses, and the infants are all foundlings, which all admit must be diseased, and the diseases are recognized as being the worst class known to the profession.

With such infants, in four months, by the use of 5 to 20 drops Liquid Food in their milk at each feeding they are restored to health, as all admit that see them, and it is confirmed by the fact that our mortality in July and August is less than that of other infant hospitals in the winter months, and all other homes in Boston take only infants from married parents and employ wet nurses, and they are obliged to shut their houses up for three or four months annually on account of their great mortality.

**When a babe does not thrive, do not change its food, but add Liquid Food, ONE WEEK'S TRIAL WILL SHOW RESULTS.**

IN THE WOMEN'S HOUSE we illustrate the value of (Nutrition) Liquid Food, and it is the only raw condensed food known. HARMLESS, as it is condensed Beef, Mutton and Fruits, free of insoluble matter, and can be retained by the stomach when so weak as to refuse water, and will make blood faster than all foods or preparations known. One tablespoonful four times daily will make ten pounds blood in thirty days.

**The body contains 25 to 30 lbs. blood, showing that on the blood the life depends and that new blood will cleanse the system of disease and restore lost vitality, otherwise we could not treat with success in 60 to 90 days abandoned cases of**

**PARALYTICS, RHEUMATICS, INFLAMMATORY RHEUMATISM.**

The following, being a few of many cases, are now in the hospital, and we shall be happy to show them to the staff of any hospital or members of any medical society, (Office, No. 15 Causeway Street,) and all of our cases are equally as chronic, and of all classes of diseases.

**ANY PHYSICIAN having a case that he would like to have enter our hospital can have a bed assigned and can treat them if they so desire.**

## PARALYTICS.

Miss V. Entered Aug. 20. Has been treated at one of our leading hospitals three months for acute rheumatism. Gives history of several very severe attacks of rheumatism of father, sister and self. Condition upon arriving—Entirely prostrated, not able to sit up. Face of an almost deathlike pallor, eyes very much sunken with dark circles surrounding them. No appetite, extreme constipation for months; no movement of bowels without enema. She is much fatigued and very ill. Entirely helpless; only able to move her head a little; every joint swollen to twice its usual size. Is taking teaspoon doses of Liquid Food; cannot move jaws sufficiently to chew anything solid. It is a very severe case of articular rheumatism, and there seems little hope of recovery.

Sept. 24. Have been giving Liquid Food: four tablespoonfuls daily, with excellent results on bowels; rarely use enema. Appetite increasing somewhat. For six weeks has lain in a perfectly helpless condition, but can now turn in bed if the clothes are lifted; can move limbs. Swelling of joints slightly diminished. Takes a little solid food once a day.

Oct. 1. Bowels in excellent condition, appetite good and is getting stronger every day. Sleeps well.

Oct. 8. Is able to sit up in bed two or three hours at a time; requires assistance in getting out of bed. Swellings very much reduced.

Oct. 15. Sits in a chair every day; can stand on feet; good appetite; crochets a little.

Oct. 29. Walks with some assistance.

Nov. 6. Able to get out of bed alone, and walks from her ward to the next and sits at table to eat; has a good color, eyes bright, is full of fun and frolic and enjoys everything.

Miss E., July 9, came to us from one of our city hospitals, where she had been treated three months for paraplegia. No use whatever of right limbs. Bowels so badly constipated that only by enemas could a movement be had once in two weeks. Speaks so indistinctly as to be understood with great difficulty. July 23.—In the two weeks has improved very much. Bowels getting into good condition. Taking four dessert spoonfuls of Liquid Food daily. Menstruated first time since paralyzed and is much better for it. Aug. 23.—Has continued to gain steadily. Bowels in good condition; no enemas. Second menstruation. Walks by aid of a chair; four tablespoonfuls of Liquid Food. Sept. 3.—Walks the length of the ward by aid of chair. Oct. 1.—Walked the length of ward and back without assistance of any kind. Oct. 23.—Walked down stairs to her meals and to the sidewalk to ambulance without assistance.

Miss W. has been treated by two eminent physicians of this city for severe lung troubles. Came to us Oct. 20 unable to speak aloud or to sit up at all, with a very bad cough, raising purulent matter streaked with blood: no appetite; gives history of two severe attacks of pneumonia, from the last of which she has not recovered. Her physician feared she would go into consumption and placed her in our hospital and has treated her daily. Commenced at once with four tablespoonfuls of Liquid Food. In less than twenty-four hours noted a marked change. Her physician at his second visit expressed delight at her improvement.

Oct. 29. Good improvement; speaks aloud with only slight hoarseness; good appetite.

Nov. 6. Is up and dressed every day, goes up and down stairs, and has been to walk once; will go home in a week.

Sept. 27. Miss D. has been treated for some months for nervous prostration, ulceration of the womb and chronic diarrhœa.

Her physician has given her a great deal of morphia. She has no appetite, is weak and much emaciated, cannot sit up more than half an hour at at a time. Complains of numbness in the head and is very nervous.

Oct. 8. Diarrhœa is entirely controlled. Has taken four tablespoonfuls of Liquid Food daily, and has an excellent appetite.

Oct. 15. Has gained so much strength that she walks out every day. Bowels in excellent condition. Sleeps well.

Oct. 22. Has recovered entirely from distress and nervousness caused by leaving off morphia. Gaining flesh rapidly.

Nov. 6. Has gained 14 pounds in five weeks—good, solid flesh. Knits, crochets, helps about the ward, and is well enough to go home.

First Introduced to the Profession in 1866.

THE

# National Standard Prescription

—OF—

# GYNECOLOGISTS AND PHYSICIANS.

Universally employed wherever its superior merits are known.

## The Viburnum Compound of Dr. Hayden.

(Author of the original formula of the simple and compound Phosphorous Pills.)

It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

The Viburnum Compound is prescribed by the most eminent medical men in this country, and is recommended by more physicians than any one other special remedy in the world without a single exception.

We assert, without the fear of a successful contradiction, that no physician who has thoroughly tested in his practice the merits of the Viburnum Compound of Dr. Hayden, will on any consideration be without it in the list of his most favorite remedies.

No simple preparations of the Viburnum Opulus, or of the Viburnum Punifolium, will in anywise produce the happy results of the Viburnum Compound of Dr. Hayden.

☞FOR ILLUSTATIVE HAND-BOOK containing general formulas, special directions, interesting matter, and the references and testimonials of more than ***six hundred physicians***, send your address on postal card to the

## New York Pharmaceutical Company,

***Bedford Mineral Springs, Mass.***

Dispensed by all reliable apothecaries. Put up in four, ten and sixteen ounce bottles. Please write for "Hayden's Viburnum Compound," and accept no other.

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TAKE ONLY AND INSIST ON "THE BEST OF AMERICAN MANUFACTURE."

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Known as Reliable nearly 50 Years.

*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

*Premium for "General Excellence in Manufacture."*

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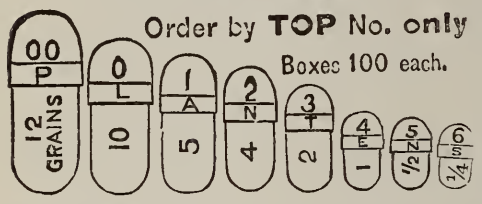
Hard and Soft Elastic { 9 Sizes: 3, 5, 10 and 15 Min., and 1, 2¼, 5, 10 and 15 Gram. } All Kinds Filled.

**NEWLY IMPROVED.**

*EMPTY, 8 Sizes.*




For taking medicines free of taste, smell, injury to teeth, mouth or throat. Trial box by mail, 25c.

*RECTAL, 3 Sizes.* 3, 6 and 12 grain.

*VAGINAL, 4 Sizes.* 1-8, 1-4, 1-16 and 1-32 ounce.

*HORSE, 5 Sizes.* 1, 2, 3, 4 and 8 drams.
For giving liquids or solids to Horses and Cattle.

*DOG WORM.* 5 Minims Oil of Male Fern.

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Made by an entirely NEW PROCESS and NEW MACHINERY.

MAKES *100* POUNDS MORE BREAD, to the barrel, THAN ANY OTHER FLOUR.

ALL of the WHEAT except the skin. Contains ALL of the GLUTEN and PHOSPHATES of the wheat.

The most nutritious and cheapest Flour known, for all purposes. Recommended by all physicians as the best diet for INVALIDS, DYSPEPTICS and children.

**FREE** Illustrated pamphlet sent to any address. Sold by the leading Grocers in every State in the Union.

Beware of Imitations. Mill Price $7.00 Per Barrel.

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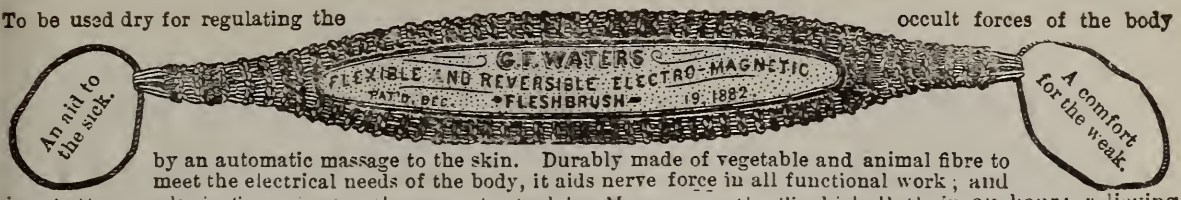


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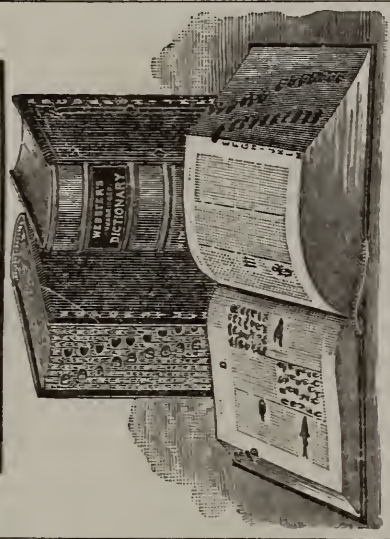


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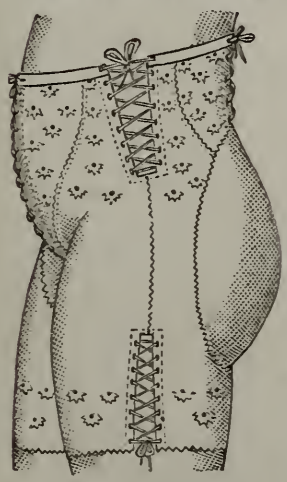

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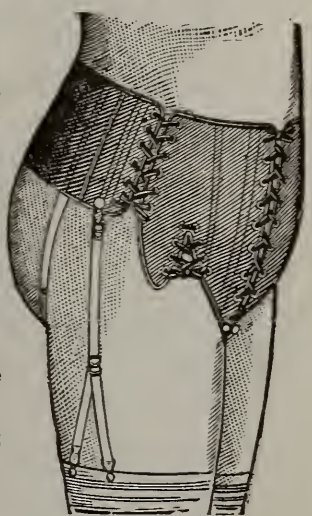

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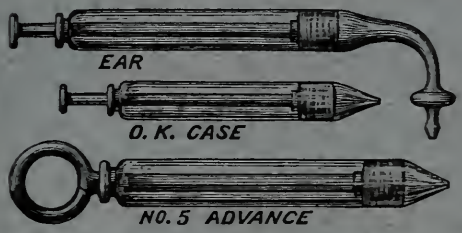


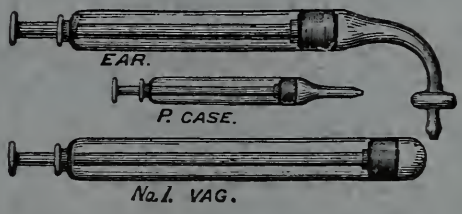


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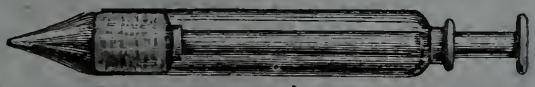

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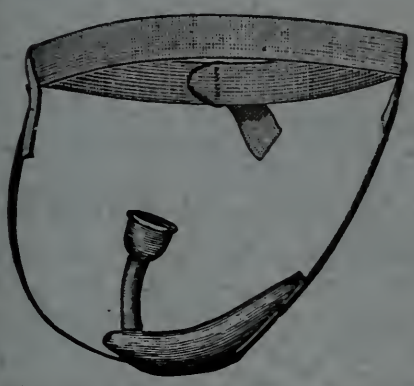

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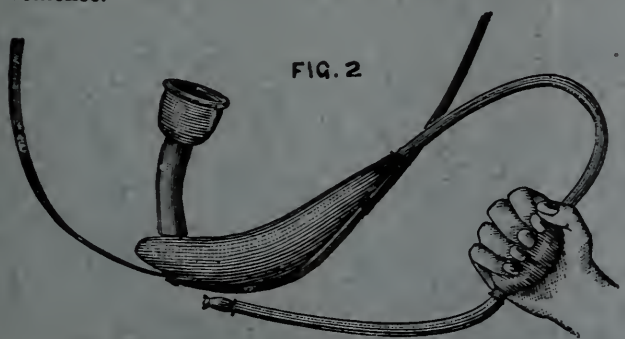


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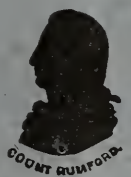


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VOL. 5. FEBRUARY, 1885. NO. 2.

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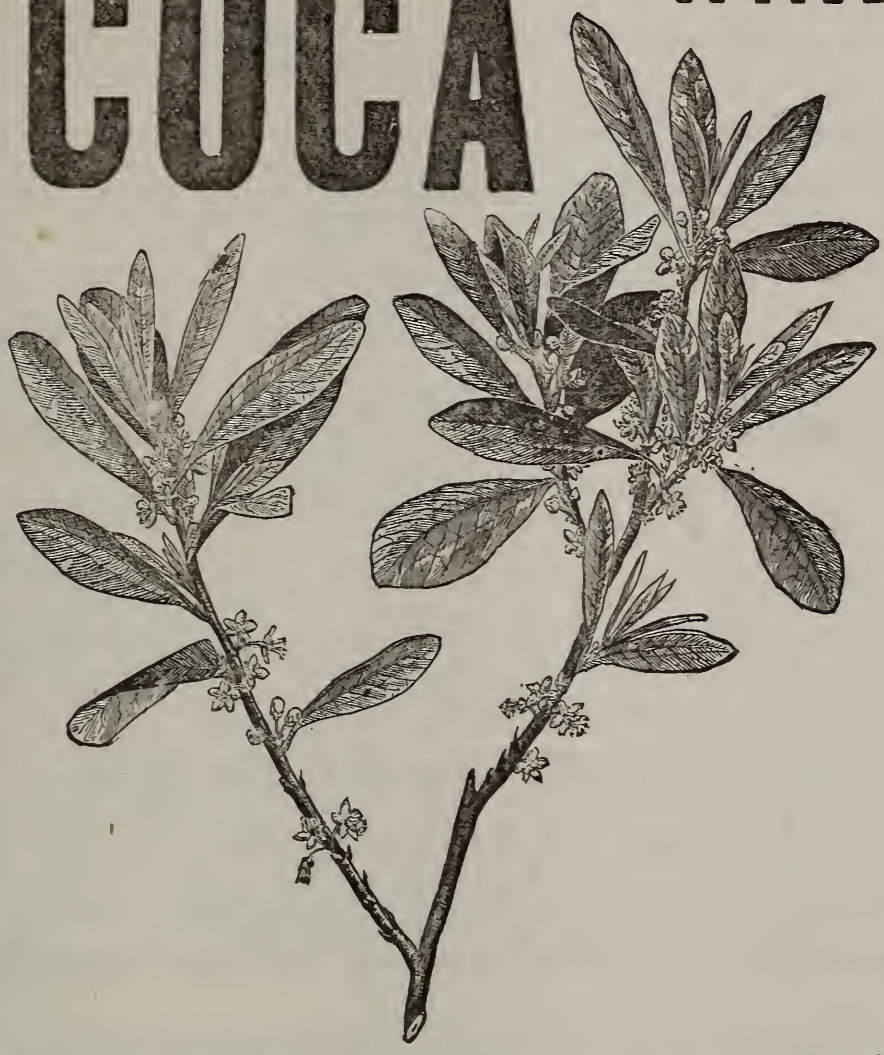

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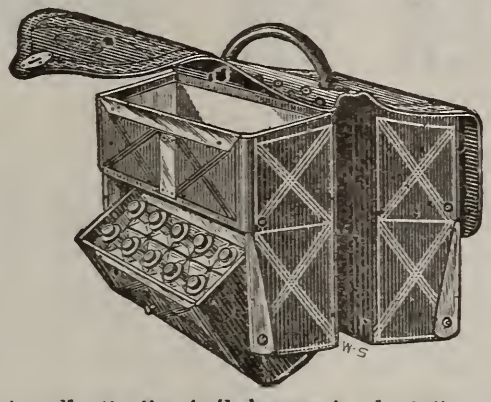

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ECLECTIC MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### *ALBUMINURIA.*

BY H. H. BRIGHAM, M. D., FITCHBURG, MASS.

IT seems to be the popular impression that Bright's disease is on the increase, and that almost every body has it, while it is represented that nearly every case proves fatal, or did, until quite recently, when a sovereign remedy was discovered. So common and fatal has this disease been represented to be, and so safe and sure, it is claimed, has this remedy proved, that the best of talent has been engaged to write up the disease, and set forth the wonderful effects of this panacea. Reverend gentlemen by the score, professors in medical colleges, and plain doctors by the multitude, to say nothing of the bright intellects among the laity, have joined in sounding its praise. To such an extent has this been done, that almost every newspaper from the leading metropolitan daily to the most unpretending and obscure sheet in the land, has contributed to extend the knowledge of this dread disease, and the assumed frequency of its occurrence, together with the marvellous effects of this new and safe remedy.

Now if the wonderful statements which meet the eye, turn which way we will, are true, I think it quite time that we examined this whole matter, and made ourselves familiar with albuminuria, or Bright's disease, as it is popularly termed. The

earliest mention I can find of it was made by Catagno in 1770. He published his observations showing that dropsical persons passed urine which, although not bloody, might coagulate just like the white of egg on being boiled. Several other physicians followed up his suggestions, making careful examinations, yet little was learned of the true nature of this disease until Dr. Millard discovered the presence of albumen in the urine of a person who was not dropsical and had the appearance of health. In 1827 Dr. Richard Bright published to the world his discoveries, which gave the whole subject a new impetus, and associated his name with this disease, so that ever since, it has been known as Bright's disease of the kidneys. Is albuminuria a common disease, and if so why was there so little known, or said about it until recently? We find that since attention has been called to the presence of albumen in the urine, and frequent examinations of that secretion have been made it has become one of the most frequent, if not the most frequent disease. We find it accompanying angina, pneumonia, pyæmia, and in fact nearly all diseases, accompanied with a high temperature. It may accompany any of the eruptive diseases, and all diseases that produce blood pressure upon the kidneys, and their secretory apparatus, whether it be due to a too rapid action or undue force of the heart, or some obstruction to the circulation. It is also present in some forms of organic renal disease, but by no means invariably so. If albumen is indeed so frequently present in the urine, how is it that its presence is so seldom suspected? —the question may be asked. Because there is usually nothing to call the attention of the physician, or patient, to the condition of the urine, would be the reply, urine heavily loaded with albumen giving little or no indication of its presence, so far as the unaided eye can detect.

I have seen urine that was taken from a man three days before death, that looked perfectly normal, both in color and clearness, and yet completely solidified on being subjected to the usual tests. If the urine may contain so large a percentage of albumen and yet retain its normal appearance, it is not strange that the presence of the albumen remains undetected, unless tests are applied. Neither is it strange that now that attention is so

generally directed to this matter by those who have axes to grind, and its detection is so easy, it should appear that albumen is very commonly found in the urine, and that there should be considerable alarm among the people. When we consider the means that have been employed in working up this public alarm through the medium of the press, by putting, what I believe to be, a false coloring upon it, to frighten people, and fill the pockets of the few, it is enough to excite the indignation of all honest men, for I firmly believe that fully ninety per cent. of all cases of albumen in the urine, will recover without any special treatment, and with very simple remedies, for in only a small per cent. of cases is albuminuria due to organic changes of the renal organs. According to the best authority, this symptom may be due to increased blood pressure, from any cause whatever, upon the vessels charged with the duty of secreting the urine, and particularly the malphigian bodies.

As illustrating albuminuria due to increased blood pressure, I might instance the case of a young man who had for some time been ill with organic disease and in whom the heart's action was increased or diminished according as he assumed an erect or recumbent posture. For instance, when he lay in bed his heart would beat about 70 times per minute, but on getting up it would run up to 130 or 140. It was also found, that during the day time when he was up and the heart's action was so accelerated, he would pass large quantities of highly albuminous urine, but the urine secreted during the night was quite free from albumen. To test it still farther, he was kept in bed several days together, when his pulse remained steady and regular at 70, and no albumen was found in his water; but on again rising and walking around, his pulse rose to 130 or 140, and albumen was found in as large quantities as before.

Bartell says albumen cannot be forced through the membranes of the kidneys except by inordinately high blood pressure, and high blood pressure is the only cause of albumen in the water. It is claimed that albumen may pass when the membranes are stretched and thinned by hypertrophy, etc., and this I shall not deny; this may be the case in some rare instances, but if it is so, it is a singular fact, that we seldom find albumen in the urine in

cases of hypertrophy of the kidneys, be the cause of the hypertrophy what it may. I have never found it in a single instance yet, and not finding albumen during life have been more than once much surprised in finding the kidneys post-mortem badly diseased as well as hypertrophied. Therefore I conclude that high blood pressure is the chief cause of albuminuria, and whether albumen is present or absent, we have very little in that alone, to enable us to give a positive opinion as to the condition of the kidneys.

I have a little patient 11 years old, that for the past three years has been subject to attacks of albuminuria. She has had an attack every time she has taken a severe cold. She will have a high fever, the pulse will run up to 130 or more, the urine will be scanty, and contain from 15 to 40 per cent. of albumen, and sometimes blood disks will be present also, but as soon as the fever subsides, and the pulse comes down to normal, all traces of albumen disappear. I might refer to quite a number of cases which have come under my own notice, where the albumen in the urine was wholly dependent upon the heart's action causing undue blood pressure upon the kidneys, no other evidence whatever of any organic disease of these organs existing.

Bartell says, "careful examinations has taught others, as well as myself, that it is no rare event for kidneys to secrete albuminous urine for a considerable time during life, which yet after death, presented no trace of histological alterations, either in their glandular cells, or their interstitial tissues, and its presence there was owing solely to the altered state of blood pressure upon the kidneys, and their membranes and glands charged with the office of secreting the urine."

Albuminuria is generally present with contracted kidneys but by no means invariably so, for in a considerable number of cases where cirrhotic kidney is diagnosed, and an extreme degree of contraction, is revealed by the autopsy, not a trace of albumen in the urine could be found from first to last. But when it is found it is here, as elsewhere, due to increased blood pressure. Bartell says, "albumen in all cases of simple contracted kidneys is solely due to increase of blood pressure in the malphigian

bodies. In such cases a large or small portion of the glomeruli together with their appendages waste away, as the process of contraction advances, but the remainder of the secreting vessels are in a normal state, and it is the excess of blood pressure upon the normal part that causes the secretion of albumen. Hypertrophy of the left ventricle of the heart is a frequent accompaniment of contracted kidneys, and lends additional force to the already increased pressure of the blood in the renal arteries." He also says, "In all these cases the amount of albumen is very small, seldom more than 1 per cent., and often amounts to no more than a mere trace. In most cases of amyloid diseases of the kidneys a similar condition of things exists, from the same cause, and the amount of albumen is scanty."

Colberg says that, "in inflammation of the kidneys, the capillaries become enlarged, and may become more pervious to the transudation of albumen, as well as the other ingredients of the blood," and Bartell says, "Inflammation of the kidneys, either acute or chronic, furnishes the largest amount of albumen of all kidney diseases, and in such cases the quantity of albumen may reach 5 per cent." But this is a very small percentage, compared to what we often find where there is no evidence of any organic disease of the kidneys, while on the other hand we often find neither albumen, nor casts, where there is the most extensive disease of the kidneys, and of almost every variety, as instanced by our beloved fellow, Dr. Buxton, whose left kidney was inflamed, and found after death to be several times its normal size. So also in the case of a lady who died of cancer of the kidney, though the kidney was fully three times its normal size, and highly congested, at least a third of the kidney being involved in the malignant disease, neither albumen nor casts were found, although they were carefully sought for in both cases. Bartell says, "kidneys which are extensively diseased, whose gland cells and interstitial frame work exhibit pathological degenerations of the most extensive kind, may furnish urine totally free from albumen."

Various forms of cast are found in the urine under certain conditions, and great importance is attached to their presence; how are these produced, and what do they indicate when found? Of

the various kinds found in the urine, epithelial casts are the most common. They are formed within the renal tubes and indicate inflammation of the lining membrane, and are thrown off much the same as the epidermis is cast off after eruptive diseases, and may leave the epithelium as healthy as desquamation does the skin. Their shape and condition are determined by the calibre of the tubes in which they are formed.

Beside hyaline casts, which are transparent, there are granular casts, waxy casts and several other varieties, but some authorities hold that all these with the exception of the first named—epithelial casts—are really one and the same thing, their difference in appearance being due to changes which take place between the time of their formation in the renal tubes, and the time when they appear in the urinary secretions. Bartell says: "This may cause changes whereby both their optical and chemical properties are affected. All these different kinds of casts are accompanied by albumen, and albumen by casts." And he further says, "all the circumstances which give rise to albumen in the urine, may also originate cast formations, and as albumen may accompany such a variety of diseases, so also casts may appear under widely differing circumstances," and he cites in evidence of the truth of this statement, the case of a patient who was free from any evidence of renal disease, and underwent the operation of transfusion. Two hours later, his urine contained both albumen and casts. A man fell thirty feet, and struck on his buttock. The first urine passed contained both albumen and casts. The second day neither was found, and could never be found again, the patient making a quick and complete recovery. Touching this matter Bartell further says, "my experience teaches me, that some of the so-called kidney casts, if not all, are formed by the coagulation of the albumen, or its derivatives excreted with the urine, and their occurrence is entirely dependent upon the albumen mixed with the urine." In view of these facts established by careful observers, to accept albuminuria or casts, as conclusive evidence of any distinctive organic kidney disease, seems to me unwise if not indeed absurb.

Now what of the treatment when we find the urine loaded with albumen and casts? I think from what I have said of the

causes which may give rise to albumen and casts in the water, the line of treatment must be fully and plainly indicated; which is to treat the disease that stands in a causative relation to the albuminuria. We find there are two principle causes that do this; one being the accelerated action of the heart, which may be greatly modified and relieved by proper heart sedatives. The second prominent cause is congestion of the portal circulation, which can be the most readily reached and relieved through the liver and skin. To illustrate; I was called to see a child 3 1-2 years old, which was apparently strong and healthy, and had a well developed muscular system. When I was first called, the little chub of a fellow was walking around the house, but would exercise but little, he was so pressed for breath, yet he looked the picture of health, being both fat and rosy. On closer examination, I found that there was a condition of general œdema. His pulse was 140, quick and wiry, and his urine scanty, from one to two ounces only being excreted during the twenty-four hours, and I was assured by the parents that this had been the usual amount for some weeks. The bowels moved but once or twice a week; the tongue was coated, and the appetite poor. The urine was of a dark color, and on examination I found blood corpuscles, casts, and albumen in abundance, the latter to an amount equal in bulk to three-fourths of the volume of water, on application of the usual tests. The difficulty had been coming on for several months, slowly growing worse, and so much was the thoracic cavity encroached upon by the accumulated fluid, that the boy was severely pressed for breath in any position which he could assume. It was evident that the child could not live many days, if he was not relieved. I gave him as much of the infusion of digitalis every hour, as I thought he could bear, also enough podophyllin and bitartrate of potassa to produce two to four alvine evacuations each day. Improvement was apparent almost from the first, and in two weeks, I think the little patient had lost fully a third of his weight, and the albumen had decreased from 75 to 25 per cent., the amount of water passed having nearly reached the normal. Gradually the amount of albumen decreased still further, and after two months ceased to be present. The boy has since remained quite well.

A second patient, aged 35, had been under the care of three different physicians. I found him feeble, pale and somewhat emaciated. The bowels were inactive, and the urine was scanty, and contained blood. About one fourth of it would form into clots, and about one half of the balance was albumen. Under digitalis and veratrum the pulse decreased from 130 to 70, and the bowels were fully acted upon by podophyllin. Almost at once the quantity of blood lessened, the amount of albumen was a half less, and the amount of water greatly increased, the urine being normal, both as to quantity and contents, after about two months. He gradually resumed his usual labors and for five years has been one of our busiest men, having no symptoms whatever of a recurrence of the disease.

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## *SIMULATED HIP DISEASE, AND OTHER NEUROSES, RESULTING FROM PHIMOSIS AND ADHERENT PREPUCE.*

BY MILBREY GREEN, M. D., BOSTON.

In April, 1884, I was asked to look at the foot of a little boy. He was a fine, healthy-looking and unusually intelligent child, about three years old. His mother informed me that he had appeared to be in perfect health, but every night for a week past he had waked up screaming, about an hour after first going to sleep, and exclaimed "oh! my foot," and sometimes grasped his left foot at the instep. He seemed to be in great pain, and cried for an hour at a time, although she applied wet compresses or hot fomentations to it. Occasionally he would ask his mother to take hold of his foot, and when she grasped it around the instep he would become quiet and soon go to sleep. He seldom slept more than an hour at a time, waking up screaming or crying. He only complained of his foot, although he kept his left leg drawn up most of the time in the night, his knee being often flexed at an angle of 45°. His appetite and digestion continued excellent and he seemed bright and well in the daytime, and played as usual. His parents knew of no fall or injury that could have affected his foot or hip. I examined his foot, knee, leg and thigh, but could find no cause for the pain from which

he appeared to suffer so much at night. There was no tenderness about his spine. The usual tests for morbus coxarius did not cause any pain, and he allowed me to manipulate his left foot, knee and leg freely, and as readily as the right. Three weeks after my examination his mother reported to me that for about two weeks his condition had continued the same as when I saw him, but that within a week he had complained of pain in his left knee and seemed to have no trouble with his foot. He slept but little until after 4 A.M., waking up with a screech after his short naps, and crying for some time with pain in his knee, which he kept flexed all night. There was spasmodic twitching of the muscles of the left leg. He still appeared perfectly well in the daytime, but would not play except sitting down, or reclining on the bed or floor. Whenever he attempted to walk he would drag his left leg and had a decided limp. He seemed afraid to bear any weight on the lame leg and wanted to be carried when he wished to cross the room. I found now that even gentle motion of the left hip caused pain, as did also percussion on the sole of the foot, with the leg extended, or on the knee when the leg was flexed at a right angle. Any pressure upon the gluteal region caused pain. There was an apparent elongation of the leg and effacement of the gluteo-femoral crease.

With these symptoms I should have been inclined to diagnose hip disease, had not the child appeared to be in perfect health, with no evidence of pain except while undergoing my examinations. After being confined to the house so long his appetite and digestion continued good, bowels regular, urine natural, skin normal night and day and no apparent loss of flesh or strength. although there appeared to be some wasting of the muscles of the affected thigh. He was as ready for play as ever and showed his usual strength, except in the use of the lame leg. He would play ball and handle heavy books or other objects and laugh and play all day, when he had his brother or any one to amuse him. When I first examined him I noticed that he had a phimosis and told his parents it ought to be relieved. I also told them I thought there was a probability that all his symptoms might be caused by the phimosis, but I urged them to have some experienced surgeon see him, as I did not understand what caused his disturbed

nights unless it was the phimosis. When the marked symptoms of hip disease developed I again urged a consultation with some experienced surgeon. The mother was decidedly opposed to any operative interference even if a positive diagnosis of hip disease should be made by any surgeon, and the consultation was postponed, as well as the operation for phimosis.

About the middle of May, a physician of large experience in general practice, and of acknowledged skill as a surgeon, and who had seen considerable of hip disease in hospitals and private practice, made a thorough examination of the case. He was positive it was a very serious case of hip disease, and thought there was but little probability of recovery under any treatment. I suggested to the surgeon that the phimosis might cause the symptoms of hip disease present, but he thought it was not possible, although he agreed with me as to the necessity of operating for the phimosis, which was done soon after the examination. On an incision being made in the prepuce it was found adherent to the glans nearly to the corona, behind which there was impacted a hardened mass of smegma. The night following the operation the child slept well, and did not scream or cry, and from that time his nights were as quiet as before the trouble in his foot was manifested. Within three weeks of the operation he could walk and run as usual, and within six weeks all appearance of wasting of the muscles of the thigh, and effacement of the gluteo-femoral crease, had disappeared, and he soon fully recovered.

Richard Barwell, F. R. C. S., in a foot note to the second revised edition of his work on Diseases of the Joints, says: "While these leaves were going through the press two boys, children of wealthy parents, came under my care with hip disease and phimosis. The parents in both instances declined to have them submitted to operations. I succeeded by the extension-splint in keeping the disease in the first stage, but neither child got well until I contrived a means of preventing them getting their hands during the night below the waist. One of the boys then rapidly improved and is at this time well; the other, whose nervous system was considerably affected, is now slowly recovering."

In the same work he speaks of the connection between phimosis and hip disease as follows:

"A good many years ago I was struck with the fact that nearly all the boys admitted for hip disease into Charing Cross Hospital had phimosis. In a short time this coincidence was found to be nearly, if not quite, constant. At last, in the middle of 1873, I began to make notes in a hundred male cases of hip disease occurring in my private practice or admitted into hospital.

"The presence or absence of this condition, for the sake of better classification, is divided into classes:

CONDITION OF PREPUCE IN 100 CASES OF HIP DISEASE IN BOYS UNDER TEN YEARS OF AGE.

| 1st DEGREE. | 2d DEGREE. | 3d DEGREE. | ELONGATION. | NORMAL. |
|---|---|---|---|---|
| 49 | 27 | 17 | 11 | 6 |

THE SAME DIVIDED INTO AGES.

| YEARS. | 1st DEGREE. | 2d DEGREE. | 3d DEGREE. | ELONGATION. | NORMAL. |
|---|---|---|---|---|---|
| 2 to 4 | 3 | 2 | 0 | 1 | 1 |
| 4 to 6 | 7 | 5 | 2 | 3 | 3 |
| 6 to 8 | 16 | 11 | 9 | 4 | 1 |
| 8 to 10 | 13 | 9 | 6 | 3 | 1 |

"First degree—the opening in the prepuce a mere pin-hole, so that on retraction no part of the glans, or only a minute portion of the urethral lips, could be seen. Second degree—in which all or a considerable part of, but nothing beyond, when retracted, uncovers some portion, but only a portion of the glans. Third degree—in which the prepuce, when retracted, uncovers some portion, but only a portion of the glans. Fourth degree—elongated prepuce, projecting more than a quarter of an inch beyond the glans, but capable of entire retraction. Fifth degree—normal.

"The first line of this table is very significant, when it is considered that the cases are not picked or chosen, but represent every hip disease in the male that came under my notice from the end of 1873 to the middle of 1878, when my number was complete. It will be observed that of these cases eighty-three have phimosis; that only six have the normally formed prepuce, and that from complete, or the first degree of phimosis, to which class more than one-third of the cases belong, the number steadily declines to the normal. I would also point out that these are not

fortuitous coincidences, because, for two years at least before commencing tabulation this association was remarked. Furthermore, I asked my friend, Mr. Morrat Baker, to inquire for me about the prevalence of hip disease at the Evelina Hospital, which is largely used by Jews. He tells me that few children are there admitted for hip disease, and that most of those so received belong, not to the Jewish, but to the Christian community.

"The important fact, however, is simply the coincidence of phimosis and hip disease. A coincidence which I should never have dreamed of or imagined *had it not been forced upon my observation*.

"Upon the mode the one influences the other, I would rather not speculate further than to point out that phimosed children have facile, frequent, and often long-continued priapism; that this condition, unnatural in the infant, must produce, after a time, a certain irritability or irritation of the lumbar spinal cord; that from this part the various nerves of the pelvis and lower limbs are given off; and that just at this particular period large trophic changes are in progress above the hip joint.

"Of course I have not overlooked the fact that hip disease also occurs in female children, though I believe less frequently than in the male. I regret exceedingly that I did not simultaneously tabulate such cases, as I am now engaged in doing; but this I can say with certainty, that in a large proportion of girls afflicted with hip disease will be found vulvitis, even vaginitis with or without discharge, and generally, I believe, produced in the first instance by thread-worms creeping from the rectum to the vagina. In a certain proportion will be found protruding nympha covered by a cuticular surface."

I have had several cases of chorea caused by phimosis, and two by adherent prepuces, without phimosis, where marked improvement followed operations within a few weeks and complete recovery resulted. I have also had one case of chorea from disease of the clitoris in a very young girl. In May, 1870, I was asked to visit a girl four years old, who had marked symptoms of chorea. She was a healthy-looking girl, large and well developed for her age. Her mother informed me that when the child was about three years old she was observed one night "rubbing

her genitals against a portion of her pillow." After that time her parents watched her, having had her bed placed near their own for that purpose. They were alarmed at the suspicion that she had contracted such a habit, and awoke frequently to look at her. Scarcely a night passed that they did not find her once or twice rubbing her genitals against her pillow or a fold of her bedclothes. They tried various kinds of punishment, but nothing caused her to refrain from the habit for any length of time. At the age of four years she commenced rubbing her genitals against a chair when she was dressed; occasionally, if not interrupted, she would rub until her face was flushed ("almost purple," her mother stated) and then would seem quite exhausted. Her parents were ashamed of what they called her "depraved habit," but finally became hopeless of breaking her of it, and as symptoms of chorea had become marked they consulted me. I told them that such a habit in one so young must have resulted from an abnormal condition of her genital organs. On examination I found the clitoris very prominent and covered with membrane of a cuticular appearance, and there was extreme hyperæsthesia. The bulb of the urethra was unusually large and exquisitely sensitive to the touch. On relieving the diseased condition of the clitoris there was no further indulgence of the habit alluded to, and in a few months all symptoms of chorea disappeared. The little child developed into an interesting girlhood, and was a comfort and blessing to her parents.

Dr. D. H. Agnew, in his *Principles and Practice of Surgery*, in speaking of phimosis, says: "Not only does it impose a difficulty in preserving a proper cleanliness of the parts, by retaining the secretions of Tyson's glands and impeding the flow of the urine, but, as a consequence of this, it creates an irritation the reflex influence of which may induce incontinence of urine, symptoms of stone in the bladder, paralysis of the lower extremities, convulsions, masturbation, priapism, etc. * * *. Not only does this reflex irritability arising from phimosis involve all the voluntary muscles, as witnessed in general convulsions, but it occasionally selects certain groups of muscles, the spasmodic contraction of which may simulate club-foot, knee-joint disease, or even hip-joint disease."

Dr. L. A. Sayre some time ago reported a case of simulated club-feet, on which he was requested to operate by Dr. Marion Sims, who had been deceived by the symptoms presented in the case. Dr. Sayre decided that the deformity was due to paralysis, resulting from phimosis, an operation for which restored the child to perfect health. Dr. Sayre has also reported several cases where adherent prepuces caused partial paralysis and other neuroses.

Dr. T. G. Comstock, of St. Louis, has lately written an interesting paper on phimosis, into the literature of which he has made an extended research. As the result of his investigation of the writings of reliable authorities on the subject he asserts that the following affections of children may result from phimosis; "enuresis, paralysis of the bladder, wetting of the bed at night, balanitis, lithuria, pyelitis, prostatic enlargements, cystitis, night terrors, sleeplessness, fretfulness, indigestion, prolapsus ani, priapism tending to masturbation, epilepsy and epileptoid spasms, mental weakness verging upon idiocy, insanity, trismus nascentium, neuralgia, hysterical conditions, pruritus, eczema, and other refractory diseases of the skin, paraplegia, convulsions, infantile paralysis, morbus coxarius, incipient spinal curvatures, spasms of the ciliary muscles, club-foot, knee-joint affections, strabismus simulating astigmatism, and, lastly, hernia."

I have not had a great many cases of phimosis in the course of my practice, but those I have seen, with a few exceptions, gave rise to neuroses which directed my attention to them. Within the last three years I have seen but twelve cases, of which ten caused certain neuroses; the other two apparently produced no ill effects, although one boy was four years of age. In his case there was but slight adhesion and the glans appeared normal. His little brother, one year old, had an adhesion nearly around the glans and extending almost to the orifice of the urethra, and behind the corona was a hardened mass of sebacious material, forming a ring around the glans, as in the case of simulated hip disease before mentioned. The glans came to a small point at the orifice of the urethra, and seemed extremely irritable. In this case there had been enuresis for some time, but the mother supposed there was no help for it in so young a child, and

did not inform me of it until the first child was submitted to the operation for phimosis. The enuresis had been growing worse, but was considerably relieved within two days after the operation, and within a week entirely disappeared. This was the second family where I have had two cases of phimosis, and I have in two instances met with families of three boys who all had phimosis, and in neither instance was there anything abnormal in the parents.

Dr. C. E. Miles, of Boston, lately informed me that he had three cases of phimosis in one family, which caused serious neuroses.

A physician of long and extensive practice has said that in his experience phimosis "went in groups." He had met with many cases in the course of a year or two, and then not seen any for ten or twelve years, although attending to a large obstetrical practice.

Although phimosis or an adherent prepuce is only occasionally found as the source of the various neuroses we are called to treat in children, the following case illustrates the necessity for thorough examination of every child suffering from any neurosis.

In company with Dr. John Perrins, of Boston, I lately saw a boy four years old. His mother said he had convulsions when he was six months old and had continued to have them ever since, with the exception of a few short intervals. Some days he had several, and seldom missed a day. When he was seven months old he "formed a habit of getting on his stomach and rubbing his abdomen against whatever he was laying upon." "When he was a year old he would several times a day spread out his legs and rub backward and forward with much force." She mentioned this habit at its commencement to the physician called to treat him for convulsions, and he told her it was owing to the child's nerves, and would cease when they were better. Before the child was three years of age, four physicians had him under treatment at various times. The mother informed them of the child's habit, and they sometimes saw him in the practice of it, but none of them examined his genital organs. They assured her the habit was owing to the condition of his nervous system, and when that was better, and his convulsions ceased, he would

stop the habit. These physicians were all of large practice and acknowledged skill, and two of them have held positions on the staff of a large hospital. The child was heavily dosed with the Bromides and other medicines for three years, without any cessation of the convulsions, and then the mother "got discouraged doctoring." She said "the child took quarts of Bromides and was no better." For about a year she had not had much done for him.

The child was as large and strong as children of his age. He could not talk, but uttered frequent cries like an epileptic, and appeared to be under constant excitement. In the half hour I was getting his history from the mother he climbed upon the table from his chair four times, laid on his abdomen, moved his legs as if swimming, and rubbed backward and forward two or three minutes, and then got back into his chair. I spoke to his mother about it, and she said "oh, that is the way he is doing all the time except when asleep. He is never quiet five minutes when awake." He showed signs of anger if lifted up when practicing the habit. If confined he struggled until convulsions ensued. On examination we found the tegumentary portion of the prepuce could be drawn well back over the glans, but the mucous portion was firmly adherent. On separating it from the glans there was a hard roll of smegma behind the corona surrounding the glans. The following night the child had convulsions as usual, but has had none since, and has not attempted to practice his habit but twice. He shows less signs of excitement and will remain quiet in his chair for some time. As his nervous system has been so seriously affected for three years and a half, it is uncertain how much good will result from relieving the adherent prepuce, but as a few weeks have shown some improvement, there is reason to anticipate more in the future.

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## *COLORADO AS A RESORT FOR CONSUMPTIVES.**

BY W. A. WYMAN, M. D., CHEYENNE, WYOMING TER.

THERE is no disease which the physician is called upon to treat which gives more unsatisfactory results than phthisis pulmonalis, or the disease popularly called consumption; and as

* Read before the Mass. Eclectic Medical Society.

New England possesses a climate particularly favorable to the development and rapid progress of this fatal disease, I have thought a paper concerning it might be of interest to this society.

As I look back upon my nearly four years practice in Townsend, Mass., and remember case after case of consumption which I then treated I do not wonder that I felt discouraged when I found myself prostrated with symptoms of the dread disease.

Some of those whom I recall lingered for years and were enjoying a fair degree of health when I left; others succumbed quickly to its devitalizing influence, but to-day I recall not one, who remained in New England, that is living. I prescribed whiskey, cod-liver oil, the compound syrup of hypophosphites, separately and combined, with such other remedies as special cases seemed to require. I recommended a sustaining and nutritious diet, exercise in the open air, etc., etc. All these seemed to benefit more or less, but none cured, and ultimately all of my patients died—died by inches.

From this experience the conclusion was forced upon me that consumption could only be cured by change of climate. But where should I go? To Florida? Consumption is a disease especially devitalizing in its tendency, requiring for its successful treatment a careful conservation of the vital forces. The climate of Florida is warm, moist and enervating in character, tending to produce a weak, languid condition of the system. I had known of many cases sent to Florida only to return to die, and I finally decided to try what the climate of Colorado would do for me. The result has been that while I have suffered from a very severe attack of rheumatic fever since coming here, I am to-day enjoying better health than I have ever before; and while in New England I suffered from frequent attacks of spasmodic asthma, I have enjoyed almost entire freedom from such paroxysms for a year or more. With this prelude I will confine myself to the subject.

I need not occupy time describing the symptoms of consumption, its pathology, diagnosis, prognosis, etc., they are already too well known. Its etiology, however, is still a mooted subject. Whether it depends upon some micrococcus, some microscopic representative of vegetable or animal life, for its cause, or whether

it is an inherited weakness of the vital forces by which the individual is unable to withstand the depressing influence of unfavorable circumstances we will leave for specialists to discuss and determine if they can. This much we know that the disease is a common one; that its ravages are not confined to the poor, the ignorant, the young, or the old; we find it in the palace and in the hovel, among the educated and refined as well as among the ignorant and degraded. The question then of paramount importance to us and the one in which our patients are most interested is, how can its ravages be stayed? How can it be cured? We answer by a change of climate carefully selected by a competent physician. Not every case requires the same climate. While we like the suggestion of Dr. W. H. Davis that those who feel best on warm, moist days should go South, and those who feel best on dry days should seek a dry climate, we think it is a safe rule that those in whom the disease is developed in New England will be benefited by a dry, cool climate.

The belt of country extending from northern Wyoming to southern Colorado is noted for its dry, clear atmosphere. Within its borders we find no large lakes or rivers. The moist winds of the Pacific are so completely deprived of their moisture by the time they have crossed the Coast Range and Sierra Nevada Mountains and intervening country, that they are perfectly dry and clear. The eastern winds have long since been shorn of their moisture before they have traversed the two thousand miles intervening between this and the Atlantic, and the small amount supplied by evaporation from the Mississippi and Missouri rivers does not extend beyond the borders of Kansas and Nebraska. What little rain we do get comes from the south and this after having traversed Mexico, Texas and New Mexico. Thus while this region of country is sufficiently supplied with water from the small streams or creeks, which derive their supply from the mountains, to furnish the vast herds which roam over this wilderness with drink, there is not enough rainfall for agricultural purposes and irrigation has to be relied upon wherever crops or even shade trees are grown. I enclose a table taken from the books of the Signal Service Station here at Cheyenne, showing the amount of rainfall for each month during the year 1883, and

also the temperature for the same time. In consulting this table it should be borne in mind that during 1883 there was an unusual amount of stormy weather.

*Table showing the Monthly Temperature and Rainfall, or melted snow, for 1883, obtained from the books of Sergeant McGovern, of the Signal Service Station, Cheyenne, Wyoming Territory.*

| MONTH. | TEMPERATURE, DEGREES FAR. | | | | RAINFALL. In inches and decimal fractions during Month. |
|---|---|---|---|---|---|
| | Mean. | Highest. | Lowest. | Monthly Range. | |
| January, | 21.1 | 54.8 | −31.3 | 86.1 | .88 in. |
| February, | 18.9 | 55. | 28. | 83. | .25 " |
| March, | 37.5 | 64. | 13.2 | 50.8 | .85 " |
| April, | 37.1 | 69. | 17.4 | 51.6 | 2.76 " |
| May, | 46.3 | 82.3 | 25.4 | 56.9 | 3.68 " |
| June, | 57.5 | 90.8 | 33.5 | 57.3 | 3.67 " |
| July, | 64. | 94.2 | 40.9 | 53.3 | 1.45 " |
| August, | 63.9 | 90.2 | 36.2 | 54. | 2.18 " |
| September, | 55.3 | 83.2 | 30. | 53.2 | .90 " |
| October, | 39.3 | 73.4 | 6.8 | 66.6 | 1.66 " |
| November, | 38.2 | 66.1 | 16.2 | 49.9 | .16 " |
| December, | 26.6 | 60.2 | −10.8 | 71. | .80 " |
| | | | Total rainfall, | | 19.24 in. |

In regard to temperature this country affords a vast field for choice. Southern Colorado is decidedly warm, while nearly all of Wyoming is cool and temperate. In Cheyenne, where I am best acquainted, while we have some extremely cold weather we have no hot days and the nights are cool and comfortable. Sleeplessness on account of warm, sultry nights is a thing unheard of, and yet owing to the dryness of the atmosphere the fall of dew is very slight if indeed there is any at all.

The altitude throughout this whole region is high but there is a variation of several thousand feet. Cheyenne has an altitude of about 6,105 feet. Denver about 5,294 feet. Greeley, a small station between the two, about 4,500 feet. Colorado Springs, a quite noted resort for invalids, nestling at the foot of Pike's Peak,

has about the same altitude as Denver, while in the mountains almost any height desired may be reached even to the region of perpetual snow.

On account, I suppose, of the altitude the air is lighter, there is not so much oxygen to the cubic inch; more air must be inspired in a given time to supply the blood with oxygen, the lungs become expanded to their fullest extent and there is no chance for the air cells to become filled with tubercles or broken down lung tissue.

Again, this Rocky Mountain Range acts as a series of lightning rods for the continent, through which there is a constant interchange of electricity. People living in this region are consequently continually subjected to a greater amount of electric influence than is to be found in a lower altitude; our dry, light atmosphere is a poor conductor of electricity, hence the people are more fully charged with it, the vital forces are stimulated and a more vigorous life is the result. The latter is a theory of my own, and I give it for what it is worth. Certain it is that nervous diseases are aggravated here, and spinal and brain complications are more common in the diseases of childhood than in a lower and moister climate. Nasal catarrh, in those of a scrofulous diathesis (if Dr. Geddes is present he will explain the term diathesis), is much benefited in this climate, although an irritated condition of the nasal passages, caused by the fine dust so abundant here, is quite common.

For the reasons above stated, I believe this climate to be beneficial to all consumptives not in the last stages of the disease, and curative to most. I know of dozens of cases here given up by eminent physicians in the East, who are well and vigorous to-day, and as many cases of asthma who think they can live nowhere else. In those of a hemorrhagic diathesis the light air has a tendency to increase that feature, hence such patients should come by easy stages stopping first at Denver or Colorado Springs, or even perhaps some station in Nebraska or Kansas before proceeding higher. But those in whom hæmoptysis is not feared can come in safety to Denver or Cheyenne direct. To those who are fond of hunting, the mountains afford elk, deer, and bear, while antelope, grouse, sage-hens, rabbits, etc., afford

a nearer but less attractive game. The lakes and creeks wherever they can be found, abound with nearly every kind of water fowl during the migrating season. I have a beautiful specimen of the white trumpeter swan which I shot within a mile of Cheyenne. Hunting furnishes the necessary stimulus to make out-door life healthful and invigorating. While to you in Massachusetts this country seems "out of the world," yet a ride of four days and nights will bring you to it.

Denver has a population of over forty thousand with all the conveniences of a large city. Cheyenne with a population of between five and six thousand, is located on the Union Pacific Railroad, with ample train accommodations. Her streets are lighted with electricity as are also her stores, churches, and larger residences. We have a good telephone exchange connecting us with Laramie on the west as well as the different cattle ranches. With my telephone I can converse with patients on ranches thirty and forty miles distant. A large company is now putting in gas works for the illumination of the city, and between them and the electric light company Cheyenne ought to be a bright and shining light on these western plains. This is the home of the cattle kings of Wyoming, and millions of dollars are represented in this little city. So you see patients need not want for the comforts or even luxuries of life. We also have a comfortably appointed county hospital here located which has just been completed.

My experience of nearly three years in this climate leads me to think that April and May are the two worst months in the year. The winter months are generally pleasant and agreeable. The best time for invalids to seek this country is during the summer and early autumn. From February to June is less favorable, but even then better than to remain in New England. To those suffering from heart disease, particularly muscular hypertrophy, and from the results of inflammation of the meninges of the brain and spinal cord, this climate is injurious.

The main points which I would make are: (1) Those suffering from asthma and chronic lung difficulties, in the earlier stages, may come here with every prospect of being benefited. (2) Urge your patients to come early; if they are already dead

this climate will not resurrect them. (3) The summer and early autumn months are the more favorable ones in which to make the change. (4) Heart diseases and diseases of the nervous system seem to be aggravated by this climate.

This paper has been written with the hope that it may attract your attention more forcibly to this climate as a resort for invalids, especially consumptives, and thereby be the means of saving useful lives that would otherwise be lost.

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## *FEEDING THE SICK.*

BY J. P. COWLES, M. D., CAMDEN, MAINE.

A PHYSICIAN has no other standard by which to measure disease, than a physiological condition. In just so far as a person departs from a perfectly physiological state, just so far is he involved in disease. If then a physiological condition is the standard by which we measure disease, why may not physiological action guide us in restoring the sick to health? It seems to me that the two principles are inseparable. Let us apply this to one simple condition. We eat to live, at least most of us do, and while in a perfectly physiological condition appetite is the best guide as to what and how much we shall eat, if we except some of those false appetites which some of us have formed, and which are pathological conditions rather than physiological.

When I first commenced medical practice it was the habit of physicians to deny their patients food, thinking to starve the disease. I have witnessed considerable suffering among the sick on this account, and early in my practice broke away from this custom, and acted upon the principle, that if food sustained life in health, it must also sustain life in disease. My professional brethren warned me against the practice, and insisted that I would kill my patients, but at the age of nearly sixty years as I look back over a long and busy professional career, I have yet to record the first mistake made on this account, while I am fully persuaded, that I have known some who have been starved to death under the false idea that a sick person needs, and must have, but very little, if any food.

It is not my habit to attempt to force a patient to eat, but to use

the appetite as a guide, allowing patients to have such food as they desire, giving at the same time instructions as how it should be prepared.

The old established systems were called in question while a student of medicine in the following manner. A gentleman had a sick horse. After everything had been done for him by the owner and his neighbors, he was given up to die. Standing in his stall he would put his head out of the window and gaze intently towards a wet, miry, spot not far distant. Some one suggested that the horse be let loose, which was acted upon and he took a bee-line for this swamp hole; put his nose into the muddy water up to his eyes, bit off something, ate it, and returned to his stall. This was repeated twice afterwards and the horse made a rapid recovery. Another: a man was sick, very sick, and his physician ordered his food and drink reduced to the least possible amount, in consequence of which the man was starving and called lustily for more food, which was denied him. One day by some accident two large slices of boiled pork were placed in a stand drawer in close proximity to the patient's bed, who anxiously watched his opportunity, seized these two slices of pork and eagerly devoured them. From that hour he commenced to recover, and was soon about his business. These cases and other similar ones, suggested to me that the appetite was a monitor, to which we would do well to give heed. I could relate many examples in practice where the dictates of an appetite have been followed, and the happiest results have been attained, but I will defer them until another time.

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## *POISONOUS CLOTHING.*

BY DAVID WARK, M. D., NEW YORK CITY.

The cheapness and brilliancy of the colors produced by aniline dyes have led to their entensive employment for dyeing textile fabrics used in the manufacture of underclothing, from the wearing of which I have observed notably injurious effects. During last winter I was surprised because of the large number of persons, otherwise in good health who suffered from skin diseases of an especially annoying character, which scarcely

admitted of palliation, much less cure, until a hitherto unsuspected cause, so far as I know, was detected and removed. In every instance I traced these disorders to the poisonous influence of the aniline-dyed scarlet woollen underclothing worn by the sufferers. When we consider how extensively these undergarments are worn, it is highly probable that a very large number of persons must be suffering from skin diseases arising directly from the potent cause under consideration. In a few days or weeks, according to the sensitiveness of the skin after the aniline-dyed flannels have been put on, the following symptoms are apt to be developed, more or less of them being present in every case. Itching is uniformly the initial symptom that attracts attention, and it always occurs first on those parts most liable to perspiration, this liquid being an active solvent of the poisonous dye. The itching is always worse after retiring for the night, as the warmth of the bed increases the irritation. The skin becomes red and inflamed from the combined effects of the poison and the scratching needed to obtain temporary relief. In some cases after the development of the inflammation, the skin produces successive crops of minute vesicles filled with watery fluid, which, rupturing, keep the surface constantly moist. The frequent scratching demanded to relieve the irritation tears off the cuticle and causes bleeding. If the use of the aniline-dyed garments be continued, the disease increases, the skin becomes thickened and brittle, being liable to form painful fissures that bleed readily.

Crops of fiery papules that itch severely, are sometimes developed on the limbs and trunk, from the cause here discussed. In persons whose general health is not good, these are apt to become pustules.

I have not observed any constitutional symptoms that could be traced to the poisonous influence of aniline-dyed underclothing, except such as arose indirectly from loss of rest because of irritation of the skin after retiring for the night. When the use of the garments in question is discontinued recovery usually begins.

If the color of any bright-colored undergarment be readily removed by soap and water, the dye is of a low grade, and, being very soluble, is all the more pernicious.

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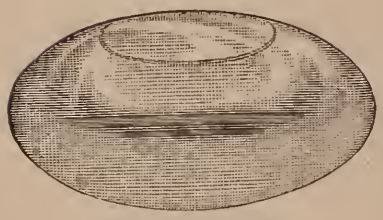
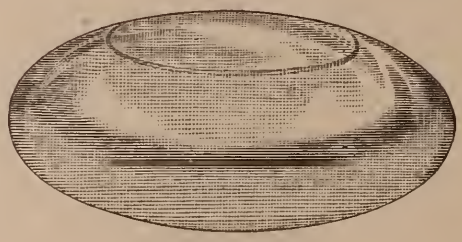
Few preparations illustrate more strikingly than these, the value of the service which pharmacy is rendering the practitioner of medicine. While we manufacture these SOLUBLE ELASTIC FILLED CAPSULES of all sizes, ranging from ten minims to half an ounce, it is more particularly to the larger sizes that we would now ask attention. The small sizes have been before the profession for a considerable time, and are, therefore, familiar. Comparatively few practitioners, we believe, realize the great advantages which would accrue, both in the increased satisfaction to the prescriber, and the comfort and well-being of the patient, through the general employment of these capsules in the administration of the more bulky and nauseous oily drugs, *e. g.* Castor Oil and Cod Liver Oil.

2½ GRAMMES.

5 GRAMMES.



10 GRAMMES.



15 GRAMMES.

These filled capsules being soft and elastic, and readily lubricated with the saliva, are swallowed with the greatest ease, even when of the largest size —containing half an ounce. A tablespoonful of castor oil or cod liver oil may be thus given with the utmost facility when any other method of giving it would provoke nausea and vomiting.

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When a bit of any suspected scarlet garment is washed in ammonia water the color will be dissolved if it be cochineal; but if it be aniline it will not be dissolved. In the former case the garment may be worn safely; in the latter it should be avoided like any other poison.

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *RIGOR MORTIS.*

IN a somewhat famous murder trial that took place 25 years ago, a physician who viewed the corpse a few hours after death, testified that at the instance of the coroner he inspected the body, and found *rigor mortis* well marked, etc., etc., etc. On the cross-examination an attorney for the defendant addressed the medical man as follows: "Doctor, among other technical terms you employed the expression *rigor mortis*; now, sir, will you explain what it means."

The answer was in the following language:—

"The term signifies cadaveric rigidity, or the muscular stiffening that succeeds death."

*Ques.*—"What is the cause of this peculiar rigidity; when does it begin and when does it end?"

*Ans.*—"Cadaveric rigidity commences soon after death, and is appreciable through manipulation before all the animal heat has escaped,—it is *pronounced* in six hours after death. The stiffness of muscular tissue is caused by chilling of the serum of the blood, and the coagulation of lymph in the connective tissues of the soft structures of the body, and by the ordinary contraction of animal substances under reduced temperatures."

The replies were deliberately made; and the witness seemed equal to the occasion, but when the attorney asked why a body struck by lightning exhibited no *rigor mortis*, the answer was not satisfactory because the witness did not deny that such might be the fact, but attempted to explain what really is not true. The attorney then asked why the bodies of men cut down in the heat of battle exhibited no *rigor mortis*; and again the witness lost his wits in attempting to account for what had no foundation in fact.

The object of the lawyer was to prove that there was not, in his client's case, any cadaveric rigidity six hours after death; that there had been a vehement struggle in which the defendant

to save his own life had killed his antagonist. And he handled the theory—wrong though it was—with great ability and telling effect. The murder was committed in June, when the weather was opposed to the chilling process that is presumed to establish *rigor mortis*. There was no evidence of a heated contest between assailants, but a struggle was based on the false assumption that persons killed in the excitement of a fight leave limp bodies on the field.

The daring advocate brought to the stand an old hunter who testified that game-deer, for instance, were very limber after death if killed in a hot chase, It is presumed that that prosecution might have shown by a dozen hunters that the larger game killed in the chase is prone to early and pronounced *rigor mortis*. It is wonderful how little reliance can be placed upon the statements of ordinary observers. Intelligent persons are to be met who have witnessed a snake in the act of charming a bird, or have seen a "mad-stone" suck poison from a wound! Game is usually killed in cold weather when animal heat departs rapidly; the bodies of soldiers that have lain on the battle-field over night present the characteristic rigidity of death. The body of a man unquestionably killed by lightning four days previous to discovery, presented no cadaveric rigidity from the fact the decomposition was so far advanced as to do away with the stiffness coming from the coagulation of plasma. But the cause of *rigor mortis* is not settled beyond cavil. It is still alleged that the nerves exhaust their irritability in imparting *contraction* to muscular fiber, and that the rigidity of death is not from the clotting of plastic fluids which are liquid in life. The theory is advanced that a sudden overwhelming of the nerve centers, as wounding of the medulla oblongata, will rob the muscles of that irritability which continues after death and imparts cadaveric rigidity. My own observations partly sustain this view. I handled the body of a man who committed suicide by placing the muzzle of a pistol in his mouth and then firing the weapon. The victim of the shot fell dead, and scarcely moved a muscle; the bullet pierced the medulla on the border of the pons. Very little *rigor mortis* became manifest in the body within the following three days, although the weather was cold. I had charge of a body in which death took place very suddenly from a stab through the heart. Persons who witnessed the knife-thrust said that the victim never struggled, but died without a movement. In this case there was less cadaveric rigidity than usually succeeds death. A man fell into a pit of glowing embers and was smothered instantly. The body was rescued in a few minutes, yet the surface was cooked or charred. In this case there was

not much rigor mortis on the third day, that of burial. It would seem, then, that a sudden death is followed by less cadaveric rigidity than takes place when the end approaches gradually.

Whether instantaneous paralysis of the cerebro spinal axis prevents full or normal *rigor* is not well determined. I think a medical witness would not be justified in saying that lack of the usual cadaveric rigidity in a dead body argued sudden death. A year or more ago the bodies of three children were taken from a burning house at Ashland, Ky., and marks of violence were upon their bodies—their skulls were broken. The brains of the lad oozed from a wound in the back part of the head, the edge of the weapon (an axe) having traversed the cerebellum, and hit the medulla. The skulls of the girls were broken with an iron bar, the blows coming upon the tops of their heads. The boy, from the nature of the injury, must have died instantly, while the girls survived long enough to make a struggle. The remains of the lad continued without cadaveric rigidity, while those of the girls soon expressed pronounced *rigor mortis*. A confession on the part of one of three culprits, but afterwards retracted under durance excercised by a fellow prisoner, was to the effect that the boy was instantly struck dead with an axe, and that the girls were killed by repeated blows, the death struggle lasting several minutes. The house was fired to destroy the evidence of guilt. At the trial of the villians the prosecution arranged all the circumstances in a way to make them confirm the confession that was afterwards retracted.

The able and eloquent attorney showed by the bloody and brain-smeared axe, and by the expert's autopsy that a single blow killed the boy, and *with a suddenness that prevented the usual rigor mortis;* while the girls, dying a slower death, left bodies stiffened with the muscular spasm that is the last manifestation of life! The argument was pointed and forcible, but would not be sustained by the highest authorities.

A peculiarity of *rigor mortis* is that the muscles of the body in their contractions stand out like those of an athlete. This plumptitude begins from three to six hours after death and lasts several days, or until decomposition restores their original suppleness. Another feature of *rigor mortis* is that if the rigidity be once broken or overcome, it cannot be replaced. A cadaveric limb rendered mobile and plastic by handling, will continue thus. Microscopic examinations of muscular fiber with cadaveric rigidity undisturbed, reveal a kinked state peculiar to those of vital contractions. There is proof that sarcolactic acid is developed in muscle soon after death, and that this produces contraction of the impressed fibers. Living muscle is alkaline

or neutral in reaction, but soon becomes acid through death, hence it may be more than suspected that *rigor mortis* depends largely upon a chemical process which takes place in muscle after death. The topic is one of interest and importance in forensic medicine, therefore any light that can be thrown upon the essential cause of cadaveric rigidity will be most welcome. That the post mortem rigidity depends to a considerable extent upon coagulation of the albuminous constituent of the muscle (myosin), I have no degree of doubt, but several influences conspire to produce the stiffening phenomenon.—H. in *Eclectic Medical Journal.*

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## *VISCERA REVERSED.*

There is a prevailing opinion among the masses that impressions made upon the maternal mind or body, in some manner affect the growth and development of the fœtus. There are but few congenital deformities where the mother cannot give circumstances, which to her mind, explain the cause of the arrested or perverted growth. This is so firmly fixed in the minds of the people that it seems useless to endeavor to convince them otherwise. This ancient theory comes down to us with many instances of a remarkable character, where the deformity so closely resembles the attributed cause that it seems at once to carry with it conviction. There are some, however, who regard these theories as false and delusive, and refer us to the existing anatomical relations between the mother and fœtus. They assure us that there is no nervous communication between the two; that the connection is entirely through the circulation; that there has been no direct nervous communication discovered, and hence they conclude, that it is impossible that any condition of the maternal nervous or arterial system should affect or influence those of the fœtus. It is not our purpose at present to discuss the theory of maternal impressions, but only to call the attention of the profession to a case that came under our immediate observation, which in some respects possesses physical deviations from the normal anatomical arrangement to such a degree as to deserve notice.

We have seen cases in which the extremities have probably been amputated during fœtal life, and the cicatrices were well marked and apparently of recent formation; cases where a part of the spinal column was wanting; where the palate was ununited, uvula absent, nasal protuberance undeveloped, the different forms of talipes and many other abnormalities. Most of these, however, can be accounted for, either by mechanical con-

striction, arrested or perverted growth or mal-position, while in utero. The case to which we desire to call attention, is of a different character, and must have resulted from different causes from any to which we have alluded.

The child, a male, aged 21 months, had been cyanotic from birth. So marked was the color upon the surface and mucous membranes, as to attract general attention, the hands and feet having the appearance of having been bathed in indigo water. The whole body, internal and external, exhibited marked symptoms of an imperfect pulmonary circulation or a want of oxygen in the blood. The child was as large and vigorous as other children of the same age, yet he was often troubled with a difficulty of breathing or oppression in the organs of respiration. In accordance with a previous arrangement with the father, I made a post mortem examination, which revealed an enlarged heart lying to the right of the median line inclosed within the pericardium, which also contained quite a quantity of serous fluid. On opening the heart sac, we found this organ reversed i. e. the left ventricle and aorta were nearest the right side of the body, and the right ventricle was turned to the left and rear. Examination of the interior of the heart revealed an irregular opening in the auricular septum more than one half inch in diameter which permitted a free commingling of the venous and arterial blood.

While this is interesting, the most peculiar part has yet to be described, for the cardiac malformation and the turning of the heart with all its vessels was only a part of the anomaly. The whole viscera of the thorax and abdomen were transposed, the lung with its three lobes being situated on the left side, as was also the liver, cæcum, ascending colon and the pyloric extremity of the stomach. On the right side was found the lung with two lobes, the spleen, descending colon, rectum and cardiac extremity of the stomach. The pancreas was also involved in this revolution, the head being to the left side, while the caudal appendage of the cæcum was about four inches in length. All the viscera, except as described, were normal in size and appearance, and were it not for the cardiac malformation the child might perhaps have lived to adult or even old age.

This visceral transposition may exist, and perhaps does more frequently than we suppose. Many persons who live to old age may possess as remarkable deviations as those here described, but the case does not come under professional notice and hence is lost to us. Just what means or influence caused the remarkable and unnatural arrangement of the organs in this child would be mere conjecture. It would be difficult for me to believe

that any maternal impression could so influence the fœtal growth or development as to thus change the anatomical arrangement of the viscera, yet it seems there must be some communication or medium through which the mother impresses her mental and physical peculiarities or characteristics upon her child, but what it is, or to what extent this influence may go, is uncertain.—W. E. Currver, M. D., in *Indiana Eclectic Medical Journal.*

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## *BURNS AND SCALDS.*

Dr. A. W. Smith says: (*Chicago Medical Times.*)

I addition to the local injury caused by a severe burn there is always a condition of more or less profound shock of the nervous system: an amount of constitutional depression greatly out of proportion to the extent of the injury. Vomiting, diarrhœa, or deterium during the shock is common. The victim feels chilled and the temperature is below the normal (97° F.) If he does not die from collapse, reaction sets in, in from one to two days, and violent fever (101° F. to 105° F.) Following this reaction a period of inflammation is set up as a reparative process; during which the lungs or small intestines are apt to become affected. Other complications are restless delirium, delirium tremens, occasional vomitings, incontinence or retention of urine, erysipelas, abscesses, night sweats, exhausting discharges from the burned surfaces and so forth. The shock produces in some extreme prostration of muscular power, stupor, a cold surface and extremities, quick, small pulse, and slow respiration, a state of collapse; in others it is marked by great agitation, excitement, restlessness, sleeplessness, delirium—the latter is the most common; in others, again, all the features of actual delirium tremens exhibit themselves. Mary D., aged 27, domestic, single, received superficial scalds (by steam in a railroad accident), over one-third of the cutaneous surface involving the face, ears, neck, and the upper extremities to the shoulders, together with patches on both legs and left knee. The mucous membrane lining the air-passages was also somewhat affected from the inhalation of steam, most markedly that of the pharynx and buccal cavity. * * * * * * *

The prominent symptoms were those of shock, great pain, distressing thirst, and partial loss of voice. The constitutional depression was well marked; the extremities were cold; the temperature below the normal; and there was early vomiting of large quantities of undigested food. The period of shock lasted until the second day, when violent reaction set in and a stage of inflammation took its place. The temperature of reaction

reached 104.6 F., and from this time a constant fever temperature, with somewhat regular evening exacerbations and morning declines, was maintained. Diarrhœa began on the second day and continued more or less troublesome throughout. Upon the third day marked symptoms of bronchitis appeared—paroxysmal cough, hurried and oppressed breathing, vicid expectoration, a sense of soreness of the throat, and of pain under the sternum. As the case advanced the cough lessened, the respiration was more hurried (30 to 37 per min.) ; and the pulse quickened (140 to 150 per min.). There were a few moist rales heard about the chest, and marked evidences of increasing prostration. The voice was almost entirely gone and it was with difficulty that the patient could be understood. Delirium associated with great restlessness, set in early on the morning of the fifth day. It was at first of a low type, which continued more or less severe until the morning of the second day following, when it became so violent as to require the bed-straps. Twenty-four hours prior to death a thickly set eruption appeared on the chest and abdomen. It was of a dark, slightly livid color, and appeared as small vesicles. The intervening skin was red and inflamed, there being little or no integument of normal color. The closing struggle on the evening of the seventh day was accompanied by a kind of spasm such as is often seen in the last stages of œdema of the glottis.

Post mortem examinations reveal inflammation of most of the internal organs of the body. A case by Dr. Brinton will serve to illustrate in this case. The lower half of the body of a woman was scorched by the clothes taking fire. Diarrhœa set in on the ninth day, and death occurred on the thirteenth. The post mortem showed inflammation of parts of the stomach, duodenum, large and small intestines, the heart, and aorta, the liver fatty, the spleen and left kidney congested and friable.

The treatment of severe burns is very unsatisfactory. The old school still cling to carron oil with large doses of opium and brandy throughout the treatment. To the local remedy an antiseptic is commonly added. The new school has nothing new to offer. No gain worth mentioning in fifty years.

In severe burns the shock is the first thing to consider, and moderate stimulation by hot drinks and warmth in bed is perhaps the safest. If he survive the shock he is by no means out of danger, but the limits of this paper will not permit even the briefest mention of the many methods of treatment which surgeons have from time to time suggested. In ordinary cases the first available local application is to be applied. Sol. of soda, molasses, soap, coal oil, cotton batting, and the clothing in all cases cut rather than torn off.

## *WHITE LEAD, IRON AND STRYCHNIA IN ERYSIPELAS.*

In the *London Lancet*, Dr. Day recommends white lead in erysipelas, to be prepared as follows:

1. Take half a pound of white lead and thoroughly mix it with mastic varnish to the consistency of thick paste.

2. Take sulphate copper, sulphate zinc and acetate lead, each forty grains.

Rub these together in a mortar till they form a thick paste; this they do in about five minutes.

3. Mix these two pastes thoroughly together; then add about a pound of linseed oil, so as to make the compound the consistency of paint. Apply to the parts.

Dr. Day's method reminds me of an experience I had with an epidemic erysipelas in 1864:

In a large neighborhood the erysipelas prevailed to a fearful extent, and those affected all took the disease first at the side of the nose. In making my rounds, an aged Scotchman, who seemed to grow worse under the treatment, of which the tincture muriate of iron was the chief remedy, had covered his face with white lead, taken from his paint keg. He first spread it upon muslin, with holes cut for the eyes, nose and mouth. To my surprise, the recovery was more rapid than with others who carried out my treatment. Since that time I have frequently used white lead for the disease, and in a similar manner, and with good results.

*The Use of Strychnia in Erysipelas.*—One other thing I learned in the above epidemic: My patients had suffered with great depression under iron, quinine, milk and beef-tea—their tongues so badly swollen they could not speak; general stupor, and the erysipelatous invasion over the face, scalp, and down the neck.

I thought of strychnia; and combining it with tinct. ferri mur., it operated like magic. In a few hours my first patient was greatly improved. ℞.—Tinct. ferri mur., gtt., xx; King's solution strychnia, gtt. v. Mix. To be given every two hours in a little water.

I thought this improvement might only be accidental, but an experience of twenty years has convinced me that strychnia and iron combined are the remedies in erysipelas.

I do not now wait for the depression, but commence with strychnia at first, and I have so much faith in this remedy that if compelled to choose between iron and strychnia, I should take the latter.—Y. in *American Medical Journal.*

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

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# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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## *GREEN DRUG*

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The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

## Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | |
|---|---|---|
| Approximate Solubility in Cold Water, | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | 12 " | 1 oz. |
| " " " Alcohol, | 3-4 " | 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, grs. x.
Mucilage Aciaca, oz. i. j. } Mix.
Aqua Rosæ, oz. iv.

Use 1-2 oz. as an Injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, 1-4 gr.
Podophyllin, 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

## Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

**B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.**

## *OVARIAN IRRITATION.*

A YOUNG lass in the last end of her teens was violently seized with convulsions at the college, in this city; and owing to the frequency of their occurrence was unable to get home without the aid of her schoolmates. After her arrival I was immediaely sent for, but being absent from office, another physician of the allopathic type was immediately called, but an order was also left for me to which I responded on my return. When I arrived at the scene of action I found the physician who had been called, at the bedside writing his prescription, the contents of which I did not know, and I doubt very much if he knew its nature—from the results. After receiving a cool reception from the doctor, who had informed the family that the case was obscure and undeveloped, I ventured to make a brief examination. I placed my finger on the pulse and found no indication of disease or for medicine. Opisthotonos being a prominent sympton I directed my attention to the spinal region but found no evidence of spinal irritation as the convulsions were not characteristic of such conditions and there was no increase of temperature over the spinal surface, while the eye-ball was rather bashful on exposure to the light. This was the extent of my examination, after which I retired to my office. I assumed no responsibility in the case at that time.

In three or four days I was again called to the same case, the messenger stating that the former physician was dismissed. When I arrived I found a bottle well charged with pot. bromide for the spinal trouble (?), a solution of menthol for the hypopangs and a 4x4 fly-blister on nape of neck for meningitis (?). On close inquiry I learned that the menstrual discharge was suppressed, and palpitation revealed marked tenderness over the ovarian region. The treatment consisted of the dispersion of the surplus women, fly-blister and other aggravations; the administration of tr. pulsatilla and ignatia in alternation every two hours, warms applications over the ovaries, with the result of establishing the flow and stopping the convulsions. The convalescing treatment consisted in scutellaria and macrotys which completed the cure in a few days.—P. J. HENDRICKSON, M. D., in *Georgia Eclectic Medical Journal.*

## SOCIETY PROCEEDINGS. HOSPITAL REPORTS.
(American and Foreign.)

### *MASS. ECLECTIC MEDICAL SOCIETY.*

The twenty-fourth semi-annual meeting of the Massachusetts Eclectic Medical Society was held January 14th at the Revere House, being called to order at 11 A. M., by the President, A. L. Chase, M. D., of Randolph. There being no routine business to come before the society, the President called upon J. A. Tabor, M. D., of Lawrence, who presented, as a basis for his paper, the facts of a case which had engaged his attention for some time, and was still under treatment, and which were somewhat as follows: A young man, 24 years of age, weight 135 pounds, whose work was not laborious, but who got but little sleep, was riding in a smoking car, when he began to feel very dizzy and went out of the smoker to obtain fresh air. This was the last he remembers; two hours later he was picked up on the side of the track in an unconscious state, being seen by persons on a passing train. His right wrist was badly sprained while his left hand was severely lacerated. He remained unconscious for some time, but on reviving complained of great thirst, and constantly demanded drink. He particularly craved ice water, iced tea and iced coffee, and urination would follow almost immediately after drinking, which was almost continuous. If drink was kept from him for fifteen minutes, he would rave and it was almost impossible to keep him in the room; specific gravity of the urine less than 1001. The doctor gave large doses of opium to produce sleep, and ordered food in a liquid form. Third day thirst was somewhat lessened, urine not so abundant, of a greenish hue and slightly frothy; for the next five or six weeks there was not much change in the character of the thirst or quantity of urine passed. The mucous membrane of the mouth and fauces became parched when he began to grow thirsty. About the first of October Dr. Tabor began to administer nitric acid in his drink, and found that the quantity drank and urinated lessened considerably; the effect of the acid passing off, he ordered hot infusion of raspberry leaves, which also produced good results for a time, after which he returned to the acid again. He found that, by taking hot drink at night, the patient was enabled to pass the night without urinating so frequently. He is now using electricity. The patient urinates from seventeen to thirty-five times during the day, and from three to five times during the night.

Dr. Allen thought that besides the shock to the nervous system

the exposure to the cold and wet caused contraction of the circulation, so that the capillary circulation was impeded, and that it would be necessary to restore the secretion of the skin before the excessive strain upon the kidneys could be relieved. He would have given jaborandi, fluid extract of green root, in large doses.

Dr. West said in his opinion gelsemium would have been preferable to the opium, as it would have relieved the brain. To relieve the circulation he knew of nothing better than the Turkish baths.

Dr. Spencer spoke very highly of the Turkish baths, and said that in conjunction with them he would give ergot.

A. L. Chase, M. D., then presented the subject of Placenta Prævia, as the topic of his essay. He discussed the methods of diagnosis and treatment in a very practical and concise manner, and the paper brought out an interesting discussion.

Dr. Andrews spoke of the great importance of abdominal pressure and using the child's head as a tampon to prevent the flowing.

Dr. Gerald was much interested in the essay, he having had three cases in his practice, two of which occurred the same day. He spoke of a method he made use of, and which he thought aided him materially in saving two of his patients. It consisted in folding a sheet until it was about twelve inches in width, and passing it around the patient, being careful that it was smoothly adjusted, by means of which he was enabled to maintain a constant pressure, and thereby prevent the head from receding in the least, when the pains were off. The other case, in which he lost the patient, he thought it was due to the fact that she was very anæmic and did not have sufficient vitality to rally from the shock.

The Secretary read a communication from Dr. Marston, in which he regretted that sickness in his family prevented him from being present, and reading the essay which he had expected to present; also a letter from Dr. Jackson, in which he called the society's attention to the fact, that Dr. S. C. Ames was confined to the house in consequence of his sight being nearly lost, and suggested that some of the members devote a little of their time to calling upon and cheering him.

Dr. Andrews said that the letter brought forcibly to his mind the time when he was suffering from a similar trouble, and the comfort and help afforded him by a letter he received from the society, expressing their sympathy for him in his affliction, and he moved that the society send Dr. Ames a letter of condolence, which being carried, the secretary was instructed, to prepare and forward such a letter.

Dr. Spencer read a bill to regulate the practice of medicine in Massachusetts, which he said was to be presented to the legislature now in session. It was discussed at considerable length by nearly all the members present, after which it was voted to adjourn for one hour.

The society reconvened at 3 P. M., and Dr. West spoke of a case of seminal weakness followed by epilepsy, which he had under care, and he asked for advice in treating it. Among the many suggestions thrown out were the importance of moral influences, the removal of all exciting causes, forbidding the associating with persons of low habits and above all the exercise of the will power.

The Board of Councillors reported that they had examined A. A. Geleniun, M. D., of Lowell; found him duly qualified, and recommended that he be elected to membership, On proceeding to ballot he was elected, and Drs. Spencer and Tabor were appointed to introduce the gentleman to the President, who cordially welcomed him to the society. There being no further business the society adjourned at 4 P. M.

PITTS E. HOWES, M. D., Secretary.

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## *BOSTON DISTRICT ECLECTIC MEDICAL SOCIETY.*

THE twenty-fifth annual meeting of the Boston District Eclectic Medical Society was held January 13, at the Quincy House, a large representation of the society being present. The meeting was called to order at 7.45 P. M., by R. A. Reid, M. D., Vice-President. The records of the preceding meeting were read and approved. The Secretary's report showing the number of essays which had been presented during the year, together with many interesting cases reported by various members, which made a very creditable showing for the year. The election of officers for the ensuing year resulted as follows:

President, R. A. Reid, M. D.; Vice-President, B. H. Burrill, M. D.; Secretary, Pitts E. Howes, M. D.; Treasurer, John Perrins, M. D.; Librarian, W. A. Perrins, M. D.; Board of Examiners. Drs. Spencer, Green and Geddes. The following assignments were made for the February meeting: Essayists, Drs. Spencer and Newton; to report cases, Drs. Miles and John Perrins, Subject of Observation, Croup. The society then partook of an excellent dinner which was served in the admirable style for which the Quincy is so justly popular and to which ample justice was done. If all the members would endeavor

to be present at our meetings, whenever it is possible, they would receive great benefit themselves, and contribute to the success and prosperity of the society. *Please bear it in mind.*

PITTS E. HOWES, M. D., Secretary.

## SELECTIONS.

### *CASE OF HYSTERIA SIMULATING DEATH.*

IN the summer of 1884, whilst spending the night in the country, and whilst writing in a lower room about midnight, I was hastily called up stairs to see a young lady, the patient of another physician. She was lying on her left side, breathing very rapidly not less than 50 times a minute, and with a running pulse, 150 or more, and very feeble. She was apparently unconscious, and could not be roused. After making the attempt to arouse her and turning her on her back, I again felt her pulse, and found it evidently feeble and more rapid, whilst the respiration was still more frequeut and more shallow than a minute previously. I turned to the nurse, and said in a low tone: "She appears to be dying." Scarcely had I whispered these words when the patient gave a deep, gasping breath, such as we often see as a final respiratory effort, and then ceased to breathe. The pulse at the same moment was nearly, though not entirely, extinct. I whispered to the nurse; "I believe she is dead." I immediately instituted movements of the arms on the chest, for the purpose of restoring respiration, continuing them for two or three minutes; but in vain. She lay as if dead; her eyes glaring widely. Placing my thumb and finger on the lids to close them, I felt her wrist with my other hand, and found the pulse still flickering, and at the same time observed a peculiar movement of the eyeballs under my thumb and finger. This movement was a sudden twitch, barely perceptible, quick as an electric spark, and repeated at intervals of ten or twelve seconds. This singular movement of the eyeballs, together with the persistent, though scarcely perceptible, cardiac action, turned my thought to the suspicion of suspended animation. At this juncture the patient, by a sudden jerk, sprang up in bed in a sitting posture and resumed consciousness—the heart and lungs instantly resuming their normal action. She immediately began to implore me not to let her die, and repeated the request so earnestly and persistently as to lead to the inference that she had heard my whisperings to the nurse, which she afterwards acknowledged.

In tracing the history of this patient, I learned what would have prevented the supposition of death, had the history been known to me previously. She possessed a remarkably nervous temperament, both from inheritance and indulgence, and was subject to hysterical paroxysms somewhat similar to that above described. Being entirely ignorant of this leading fact, it was scarcely surprising that I should have fallen into error when abruptly brought face to face with the phenomena described; for assuredly I never witnessed a paroxysm so simulating sudden death, in a practice covering more than half a century. What significance attaches to the singular twitching of the globe of the eye I cannot say; but probably it is considerable. The case may not be of much importance, but it is presented to the reader for what it is worth. It may at least illustrate the fact that a medical practitioner is never to old too learn, or to hit upon things new to him in pathology.—H. Gibbons, Sr., M. D., in *Pacific Medical and Surgical Journal.*

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## *ANGLO-SWISS MILK FOOD.*

We beg leave to call the attention of physicians and mothers to the advertisement of the Anglo-Swiss Milk Food for infants, prepared by the Anglo-Swiss Condensed Milk Company in Cham Switzerland, and sold in this country by Messrs. Thurber & Co. The proper feeding of infants is a subject that has always taxed the skill and knowledge of professional men, and experience has at last shown that condensed milk is more extensively used at present, with happy results, than any other substitute for mothers' milk. Care must, however, be taken in using condensed milk, as there is danger of children suffering from food too rich and nutritive for proper digestion as well as from receiving too little nourishment. The Anglo-Swiss Milk Food is intended to take the place of condensed milk, whenever the use of it has been partially or fully discontinued, say from the age of four months. The superiority claimed for this food over any other farinaceous food is that the former is so prepared that when gradually heated with water, according to the directions for use, the starch contained in the materials used, and which in its individual character is highly detrimental to digestion, is converted in a satisfactory degree into soluble and easily-digestible dextrine and sugar. The Company do not claim that the starch in this food is wholly converted, but that the comparatively small portion remaining has been so deprived of its individual type as to render it impossible to form a paste from the Food by heating it with water. The analysis of the Anglo-Swiss Milk Food con-

tains 5 to 6 per cent. of moisture, 14 to 15 of nitrogenous matter, 54 to 55 of carbo-hydrates soluble in water, 15 to 16 of carbo-hydrates insoluble in water, 5 to 6 of fat, and 2 to 2 1-5 of ash.—*Andrews' American Queen, July 30, 1881.*

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## *THE SUCCESSFUL REMOVAL OF A TUMOR FROM THE BRAIN.*

Another triumph has been added to medicine and another tribute made to the practical value of physiological and experimental science. For the first time in history a tumor of the brain, having been precisely located by the symptoms produced, has been successfully removed by a surgical operation.

The patient was an inmate of the Hospital for Epilepsy and Paralysis at Regent's Park, and was under the care of Dr. Hughes Bennett and Mr. R. J. Godlee. He was a farmer, aged twenty-five, who had been in good health until three years before. He then began to suffer from paroxysms of twitchings in the left side of the face and tongue. Attacks of general convulsions with loss of consciousness supervened, and for two and a half years he continued to suffer from the local spasms and epilepsy. Then spasmodic twitchings of the left arm appeared, and the general convulsions ceased. After several months the arm became paretic and the left leg began to twitch. The patient suffered from violent headaches, attacks of vomiting, and had a double optic neuritis.

The conclusions drawn by Dr. Bennett were: first, that there was a tumor in the brain; second, that this growth involved the cortical substance; third, that it was probably of limited size, as it had destroyed the centres presiding over the hand, and only caused irritation without paralysis of the centres of the leg, face, and eyelids which surround it; and fourth, that it was situated in the neighborhood of the upper third of the fissure of Rolando.

It was decided to attempt its removal. Accordingly, on Nov. 25th, Mr. Godlee trephined the skull, and removed a triangular piece of bone over the region corresponding with the upper part of the fissure of Rolando. After the bone was removed, the dura mater slit up, and the cortex of the brain exposed, no tumor was visible. The ascending frontal convolution, however, seemed to be somewhat distended. An incision about an inch long was therefore made into the gray matter in the direction of the blood-vessels, and one-fourth of an inch below the surface a morbid growth was found. This was carefully removed, and proved to be a hard glioma about the size of a walnut. The superficial part of this was distinct from the brain-matter and was easily

enucleated. The hemorrhage was arrested by means of the galvano-cautery and the wound brought together by sutures.

Since the operation the condition of the patient has been satisfactory. The temperature did not rise above 100° F. The mind has been clear, the lancinating pains, vomiting, and convulsions have ceased. A hernia cerebri has formed, however, and the paresis of the left leg has increased. The outcome of the case will be watched with the greatest interest, as opening up a new field for the display of diagnostic acumen and surgical skill. We say this while fully aware that the case in question is really alike in some respects to others that have been operated upon for traumatic epilepsy.—*Medical Record.*

## *PREPUCE GRAFTING.*

The suggestion is made, in the *Lancet*, October 4, 1884, by Dr. R. Clement Lucas, that the skin removed in the operation of circumcision can be advantageously used for purposes of skin grafting, to fill large granulating surfaces left after burns. Owing to its suppleness, thinness, and vascularity, it seems peculiarly adapted for such purposes. He believes that this skin might be conveyed for some hours, without loss of vascularity, if placed in a glass bottle or wrapped in gutta percha. Of course, we must only use the prepuce from healthy children, and if a balanitis accompanies the phimosis, it must be cured before the circumcision is performed.—*Medical and Surgical Reporter.*

## *DISEASES OF THE URIC ACID DIATHESIS.*

The careful record of these many cases shows that when the urine is of a high specific gravity by reason of the presence of an abnormal amount of uric acid, Lambert's Lithiated Hydrangea, in my hands, has never failed to be of signal benefit. In cases in which the specific gravity exceeds 1015, it invariably gives good results.

Guided by these indications, I have successfully used this preparation for nearly a year in the various diseases produced by the well known irritating properties of uric acid, finding that it acts like a charm in cystitis, excessive micturition, headaches, etc. I have also used it with satisfactory effect in many cases of gastric and abdominal dyspepsia, diabetes, Bright's disease, and rheumatism (particularly muscular). In fact, in all cases where uric acid is to be combatted Lambert's Lithiated Hydrangea will be found a potent remedy. I would not be without it. I generally give ʒ i, doses four times a day.—Wm. B. Gray, M. D., in *Lancet and Clinic.*

## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

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### *THE GYNÆCOLOGICAL TREATMENT OF NERVOUS WOMEN.*

The occasional dependence of nervous affections on disease of the genitalia and the successful results attained from the treatment of the same, has unfortunately led to the too general advocacy of gynæcological measures in nervous diseases in females. It is time to recognize that such measures may do harm as well as good. Hysteria is essentially dependent upon a constitutional predisposition, often of hereditary origin. Disease of the uterus or ovaries may favor this predisposition, by the general debilitative effect which it produces, or may serve as an exciting cause in a reflex way by irritating the genital nerves, but we believe this is not the case as commonly as is generally supposed. The two are often found together because the same soil favors both. Many cases occur where the cure of the uterine disease does not affect the nervous malady, also where the latter is cured by proper measures, while the uterine disease remains, and beyond question there are many cases where the local examination or treatmeut necessary to the relief of uterine disease has directly provoked an aggravated nervous disorder. This effect is perhaps produced principally by mental causes, the humiliation to the patient, especially to a maiden, and the dwelling of the mind on the genitalia or disease of the same being potent means for harm. We feel that we cannot too strongly condemn the promiscuous examinations of maidens, or even married women, simply because there are nervous symptoms. It may be laid down as a rule to which there are not many exceptions, that local diseases which produce nervous symptoms, cause also local symptoms and it is therefore time enough to examine for uterine disease in nervous affections when local symptoms manifest themselves.

We should always bear in mind in such cases, that the *general* treatment, the toning up of the nervous system, is the most im-

portant object, and furthermore, the duty of the physician demands much more than the mere treatment of existing nervous symptoms. He should warn society that the idle lives of its fashionble ladies, with just such employment or amusements as heat up an already wayward imagination, or foster the morbid feelings in their nature, must produce hysterical and other nervous affections in them, just as overwork, intense application to business, the worry of speculation, and even more, the unfortunately common habits of public and private gambling, are leading to immense mental injury among men. The physician should follow the history of the predisposed individual and attempt to prevent the development of the disease. He should inculcate the practice of proper hygienic regulations in childhood; point out a system of education that will soundly develop body and mind and lead to habits of self-control and unselfishness, but especially at the period of puberty, by suggesting useful employment or earnest study; should guard against means that heat a too fervid imagination, and, above all, try to keep the thoughts from the genital fnnctions. When the disease already exists, proper moral, hygienic, and constitutional treatment, hydrotherapy etc., and in very obstinate cases the plan of treatment brought forward by our eminent countryman Dr. Weir Mitchell, will often lead to the happiest results.

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## *NOCTURNAL INCONTINENCE.*

The habit of bed-wetting is a sufficiently common and annoying one in early life, to merit attention and claim treatment, rendering the child, as it does, a nuisance to himself and to those having the care of him. It is more frequently seen in boys than in girls, and it is well known that it is very liable to spread in a school into which a case has once been admitted. In many cases no doubt the habit is to be referred to mere wilfulness, and as such is to be treated by moral means, but it may also be a result of piles, prolapse of the rectum, phimosis, cystitis, or calculi, intestinal worms being perhaps the most frequent cause, and in all cases, not due to habit, shows either an irritability or want of tonicity of the sphincter muscle guarding the vesical outlet. What is the treatment? First, removal of the cause and educa-

tion. The little bed-wetter should be permitted to eat only a light supper, with but little liquid, and should be roused two or three times during the night and compelled to evacuate his bladder. When the habit seems to result from indifference to personal cleanliness, a judicious application of "essence of birch" will generally be of service.

Medicinally our efforts should be directed at the cause, giving tonics—especially steel wine and nux vomica—if the child is anæmic, together with cold douches to the spine, or measures to act freely on the skin, but as a rule more benefit will be derived from a combination of belladonna and bicarbonate of soda than any other therapeutical means with which we are acquainted, though cantharides has also often proved useful. Three drops of the tincture of belladonna may be given frequently during the afternoon and evening together with five grains of the soda salt, the latter rendering the urine less acid and therefore less irritating. As a rule this combination exercises the most prompt influence, and if the belladonna is what it should be, is every way satisfactory. In extreme cases it has been recommended to obtund the sensibility of the neck of the bladder by applying to it a strong solution of nitrate of silver, but we believe such a procedure unwarranted and unnecessary, those cases which are called "obstinate ones" being due to some special cause which it is the duty of the physician to discover. Occurring in girls it is more likely to persist until the patient is grown up, unless treated, than in boys.

In adults incontinence is really but indicative of *retention* and *overflow*, and more than once patients have been brought near to death's door suffering intensely from a full bladder, when physicians of eminence in attendance had believed the bladder empty, having neglected to introduce a catheter. Sir Henry Thompson well says, "there is no principle more important to remember in the treatment of diseases of the urinary organs than that an involuntary flow of urine in an adult indicates a *distended*, not an *empty*, bladder." We know of one case in which an "abdominal tumor," which had been treated for weeks and was accompanied by incontinence of urine, was effectually relieved by the introduction of a catheter, no less

than twenty-nine pints being drawn off within the next three days. The rule then should be to *always* use a catheter whenever we find incontinence of urine in an adult. This we should *never fail to do.* There may be cases of peculiar prostatic enlargement, but in these the catheter will do no harm, and is always the best test. In hysterical females incontinence is not uncommon, but it is unadvisable to use the catheter with them. The urine will flow before the bladder bursts, especially if a hot or cold douche be used.

## *CHLOROFORM BREATH.*

THERE is a symptom of gastric disturbance in children which we have never yet seen alluded to in any text-book, English or German, and yet we find it present very frequently, and generally to be met with at the *debut* of the affection, so that it may be regarded as a sure premonitory sign. We mean that of the breath, which smells as if the child had freely inhaled chloroform. This "chloroform breath," as it might with propriety be called, is always to be found at the commencement of the gastric disturbance, if at all: continues through the whole period of the malady, and its cessation indicates and often ushers in a cessation of all the other symptoms, such as fever, vomiting, etc.—and consequently a return to health. We have recently been reminded of this by the case of a child of eighteen months, but this peculiar odor is to be met with in children of every age, but we have noticed it but once or twice in a grown up person. It was present in a very marked degree, in the case of a lady seen two years or more ago, aged about sixty, in whom persistent vomiting, evidently of a cerebral origin, was the prominent symptom. We do not pretend to be bringing to light anything new, but have never seen this peculiar symptom alluded to in any medical work. We would be glad to hear from others who have noted it.

## *PERSONALS, BRIEFS, ITEMS, ETC.*

*The preparation of an Index* for Vol. IV, together with other matters of importance, have somewhat delayed the issue of the JOURNAL this month.———"*How one thing brings up*

*another*," said a visitor reflectively. "Yes lobelia for instance will bring up everything you have eaten for a month," said the apothecary.———*The London Lancet says:* "Among the food products exhibited at the International Health Exhibition (London, 1884,) from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the *only* Gold Medal and highest Award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country."———*As a measure* of economy it is proposed in a neighboring city, to burn paupers instead of burying them in two dollar soap boxes, as at present.———*Bartholow says* the best thing for hysterical aphonia is atropine pushed to dryness of the throat. The voice reappears like magic.———*Dr. Thomas Wheet* writes that he prescribes Hayden's Viburnum Compound in gynæcological practice, and esteems the preparation very highly. He says his attention was first called to it by the eminent gynæcologist Professor T. Gaillard Thomas of New York, who heartily endorsed it.———*Dr. Emma L. Call* was the first lady physician to be admitted to membership in the Massachusetts Medical Society.———*The Popular Science News* says to obviate hereditary tendency to disease in the young we should "wash them, air them and iron them."——— *The lonliest doctor* in the world is the opthalmologist who has not written an article on cocaine.

## OBITUARY.

### DR. HENRY A. MARTIN.

Doctor Henry A. Martin, who died in Roxbury, Massachusetts, December 7, 1884, was born in London in 1824, was graduated at the Harvard Medical School in 1845, and immediately entered upon an active and successful career as a physician and surgeon. Of a daring and ambitious temperament he soon made his name known in local circles as a skilful accoucheur and surgeon. He had, at an early date, become practically acquainted with variola and vaccinia, and eventually became the leading authority on these subjects in America; so that when, in 1870, he introduced the beaugency animal virus into this country, it at once became widely known, and effected a revolution in vaccina-

tion which has added immensely to the efficiency of its protection. In 1877, as chairman of the committee on animal vaccination in the American Medical Association, he made a full report on that subject, which appeared in the published volumes of the "Transactions," and was widely quoted from and reviewed by the Edinburgh and other influential journals.

It was, however, as a surgeon that his name became best known, and in 1862, on the breaking out of the War of the Rebellion, after an examination before a medical board in Philadelphia he was appointed staff surgeon. In that capacity he performed long and efficient service, at Fort Munroe, then as medical director of the department of Southeastern Missouri, where, in that fever-laden country, he became ill, and was obliged to accept a leave-of-absence to regain his health; next, as medical director at Norfolk, Portsmouth, and Newbern, and then in the army of the Potomac, as surgeon-in-chief of the first division of the second army corps, under General Miles, which position he held until near the close of the war. On his resignation he received a brevet as lieutenant-colonel for "gallant and meritorious services," the expression being a compliment rarely paid to a medical officer.

In the "Medical and Surgical History of the War" his name is referred to in connection with a "Ligation of the femoral artery after a gun-shot contusion of the femur," a "Primary resection of the upper third of the femur," and many other important operations; and an illustration is given of an apparatus invented by him for "Extension after incision of the humerus," an instrument which was reported upon favorably by a board consisting of Drs. Woodward, Curtis, and Otis.

On his return home an extensive practice awaited him, but he paid particular attention to surgery, and gained great repute in diseases of the rectum and hæmorrhoidal tumors. In 1877 he brought before the profession the use of the rubber bandage in the treatment of ulcers of the leg, and the value and efficacy of this method were soon acknowledged in this country, and still more generally abroad. In England he first called attention to it by an article in the *British Medical Journal*, of October 25, 1878, and its use became very extensive and gave him a wide reputation there and on the continent. In 1878 he made public his operation of "Tracheotomy without tubes," which he many times successfully performed.

By invitation, he attended the meeting of the British Medical Association, in June, 1881, and was courteously and warmly received by the eminent members of that body. He also took part in the meetings of the International Medical Congress of that

year, and there read a paper on the use of the rubber bandage after aspiration of the knee-joint for synovitis, based upon more than one hundred and forty successful cases in nine years, necessitating more than four hundred punctures, all performed without antiseptic precautions other than cleanliness of the needle.

Dr. Martin was gifted with remarkable conversational powers, and was a fluent and ready speaker in public—frank and outspoken in the expression of his opinions, generous in his acknowledgment of the merits of the inventions of others which he believed worthy, but unsparing and scathing in his criticism of all that he judged unworthy. Proud and imperious by nature, and often impatient in temper, he brooked no personal affront, and knew no fear of personal consequences in his bold and vigorous attacks on opponents. His knowledge of the old medical and surgical writers was very great, and his memory so retentive that it was easy for him to quote their views and statements in support of his positions.

In writing, as in speaking, he was forcible and argumentative, often denunciatory, and at times diffuse, but always evinced a straightforward purpose and will, which did not dally with elegancies of style, but sped to unassailable conclusions. His published articles were numerous, and appeared in many quarters, often being solicited by editors. It is not necessary here to enumerate them, but they came out in the *London Lancet*, the *British Medical Journal*, and other magazines in England, as well as in the *North American Review*, the *Medical Record*, the "Transactions" of the American Medical Association, and many other journals in this country.

As a physician he was facile and skilful in diagnosis and fertile in resources of treatment. As a surgeon he was deft in manipulations and the use of instruments, decisive and unhesitating in urging the necessity of an operation, and indefatigable in its execution. Bold in these as in all matters, he persevered in the care of a case so long as he thought relief possible; but never flattered patients with false hopes when he thought death inevitable.

Of fine literary tastes, and well versed in *belles-lettres* and art, he had a wonderfully varied knowledge of bric-a-brac and ceramics, and still more so of sculpture, paintings, etchings, and engravings. He was familiar with the lives and works of the best artists in each department, and his glowing explanations and vivid descriptions of works of art were a delightful treat to those who heard him. He had acquired a private collection of admirable engravings, whose beauties he would enthusiastically point out and dilate upon in showing them.

His love for choice or rare editions of books, costly bindings,

and other artistic embellishments, gave him a constant pleasure in all libraries and collections, and he became the possessor of many curious and valuable volumes.

But when at last, in the early summer of 1883, he became aware that a grave disease, whose incurable nature he fully recognized, had fastened itself upon him, and he began to experience the fatigue, the *malaise*, and the prostration attendant upon its strides, he felt his inability to struggle much longer against its power, and took less interest in his favorite studies, and he became at times more irritable and less able to bear the annoyances of medical practice. Yet he fought a brave fight, and to the very end held himself proudly to the duties of his profession. And in the last weeks of his life, to those who had known well that handsome figure and noble presence, it was a sad sight to see him with wan and dejected look, but firm lips and erect form, slowly pacing the few steps that remained between him and the tomb. His was a life in which there was much to criticise, as in whose is there not? but much also to honor, to imitate, and to admire.—J. S. *Reprinted from Boston Med. and Surg. Jour.*

## *ONE OF THE LARGE HEARTS.*

A cabinet-maker, aged forty-nine, had an attack of acute inflammatory rheumatism at the age of twenty. He subsequently suffered from symptoms of mitral disease, and eventually died therefrom. On autopsy the heart, emptied of blood, was found to weigh exactly forty-four ounces. The cavities would hold from eight to ten ounces.—*Medical Record.*

## *RECEIPTS.*

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during January:

C. E. Miles 1, J. P. Cowles 1, Henry Raney 1, W. D. Waller 1, W. N. Mundy 1, B. D. Townshende 1, J. M. Aldrich 1, R. Green 1, G. W. Musso 1, Mrs. E. E. Sweetland 2, E. A. Roe 1, J. C. Monroe 1, J. Atkins 1, E. C. Tarball 1, J. H. Crossley 1, V. N. Whately 1, U. M. Patterson 1, W. F. Holtham 1, J. H. Orrington 1, O. M. Newcombe 1, W. M. Hartley 1, T. H. Cathcart 1, L. E. Sanderson 1, E. J. Fraser 1, M. W. Edson 1, W. C. Harrington 1 O. G. Ferris 1, F. H. Thatcher 1, T. H. Carringham 1, G. E. Fothergill 1, G. Trundy 2, F. U. Godhue 1, E. J. A. Deering 1, D. H. Cooper 1, S. T. Ransom 1, R. J. Sanderson 2, V. E. Fredericks 1, G. J. Wheeler 1, J. F. Gordon 1, O. Nettleton 1, W. F. Kempton 1, S. K. Culbertson 1, E. F. Withington 1, W. N. Anderson 1, N. A. Bartholdson 1, G. O. Fehderhen 1, C. B. Donaldson 1, D. C. Errickson 1.

# FOR INFANTS AND INVALIDS.

**MELLIN'S FOOD** is the only perfect substitute for Mother's Milk.

**MELLIN'S FOOD** is the most nourishing diet for invalids and nursing mothers.

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H. T. WEBSTER, M. D.,
Editor California Medical Journal,
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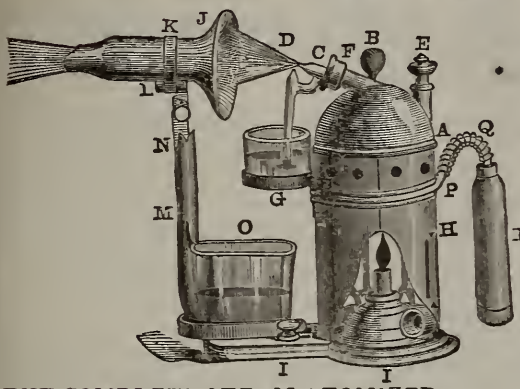


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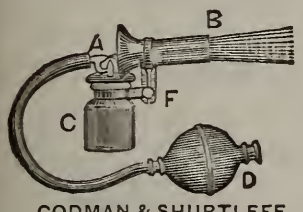


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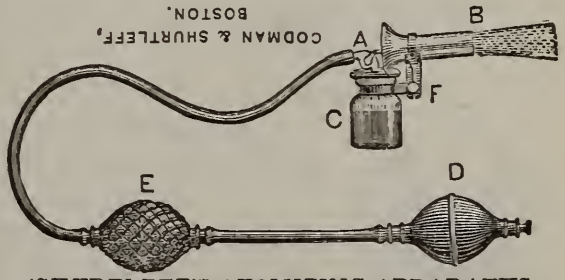


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Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes.

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"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

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There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

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**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

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Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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| Pure Cod Liver Oil | 80 m. (drops) |
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**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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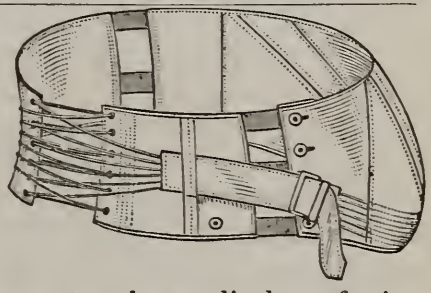

In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

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IN THE INFANT'S HOME we employ no wet nurses, and the infants are all foundlings, which all admit must be diseased, and the diseases are recognized as being the worst class known to the profession.

With such infants, in four months, by the use of 5 to 20 drops Liquid Food in their milk at each feeding they are restored to health, as all admit that see them, and it is confirmed by the fact that our mortality in July and August is less than that of other infant hospitals in the winter months, and all other homes in Boston take only infants from married parents and employ wet nurses, and they are obliged to shut their houses up for three or four months annually on account of their great mortality.

**When a babe does not thrive, do not change its food, but add Liquid Food, ONE WEEK'S TRIAL WILL SHOW RESULTS.**

IN THE WOMEN'S HOUSE we illustrate the value of (Nutrition) Liquid Food, and it is the only raw condensed food known. HARMLESS, as it is condensed Beef, Mutton and Fruits, free of insoluble matter, and can be retained by the stomach when so weak as to refuse water, and will make blood faster than all foods or preparations known. One tablespoonful four times daily will make ten pounds blood in thirty days.

**The body contains 25 to 30 lbs. blood, showing that on the blood the life depends and that new blood will cleanse the system of disease and restore lost vitality, otherwise we could not treat with success in 60 to 90 days abandoned cases of**

**PARALYTICS, RHEUMATICS, INFLAMMATORY RHEUMATISM.**

The following, being a few of many cases, are now in the hospital, and we shall be happy to show them to the staff of any hospital or members of any medical society, (Office, No. 15 Causeway Street,) and all of our cases are equally as chronic, and of all classes of diseases.

**ANY PHYSICIAN having a case that he would like to have enter our hospital can have a bed assigned and can treat them if they so desire.**

## PARALYTICS.

Miss V. Entered Aug. 20. Has been treated at one of our leading hospitals three months for acute rheumatism. Gives history of several very severe attacks of rheumatism of father, sister and self. Condition upon arriving—Entirely prostrated, not able to sit up. Face of an almost deathlike pallor, eyes very much sunken with dark circles surrounding them. No appetite, extreme constipation for months; no movement of bowels without enema. She is much fatigued and very ill. Entirely helpless; only able to move her head a little; every joint swollen to twice its usual size. Is taking teaspoon doses of Liquid Food; cannot move jaws sufficiently to chew anything solid. It is a very severe case of articular rheumatism, and there seems little hope of recovery.

Sept. 24. Have been giving Liquid Food: four tablespoonfuls daily, with excellent results on bowels; rarely use enema. Appetite increasing somewhat. For six weeks has lain in a perfectly helpless condition, but can now turn in bed if the clothes are lifted; can move limbs. Swelling of joints slightly diminished. Takes a little solid food once a day.

Oct. 1. Bowels in excellent condition, appetite good and is getting stronger every day. Sleeps well.

Oct. 8. Is able to sit up in bed two or three hours at a time; requires assistance in getting out of bed. Swellings very much reduced.

Oct. 15. Sits in a chair every day; can stand on feet; good appetite; crochets a little.

Oct. 29. Walks with some assistance.

Nov. 6. Able to get out of bed alone, and walks from her ward to the next and sits at table to eat; has a good color, eyes bright, is full of fun and frolic and enjoys everything.

Miss E., July 9, came to us from one of our city hospitals, where she had been treated three months for paraplegia. No use whatever of right limbs. Bowels so badly constipated that only by enemas could a movement be had once in two weeks. Speaks so indistinctly as to be understood with great difficulty. July 23.—In the two weeks has improved very much. Bowels getting into good condition. Taking four dessert spoonfuls of Liquid Food daily. Menstruated first time since paralyzed and is much better for it. Aug. 23.—Has continued to gain steadily. Bowels in good condition; no enemas. Second menstruation. Walks by aid of a chair; four tablespoonfuls of Liquid Food. Sept. 3.—Walks the length of the ward by aid of chair. Oct. 1.—Walked the length of ward and back without assistance of any kind. Oct. 23.—Walked down stairs to her meals and to the sidewalk to ambulance without assistance.

Miss W. has been treated by two eminent physicians of this city for severe lung troubles. Came to us Oct. 20 unable to speak aloud or to sit up at all, with a very bad cough, raising purulent matter streaked with blood; no appetite; gives history of two severe attacks of pneumonia, from the last of which she has not recovered. Her physician feared she would go into consumption and placed her in our hospital and has treated her daily. Commenced at once with four tablespoonfuls of Liquid Food. In less than twenty-four hours noted a marked change. Her physician at his second visit expressed delight at her improvement.

Oct. 29. Good improvement; speaks aloud with only slight hoarseness; good appetite.

Nov. 6. Is up and dressed every day, goes up and down stairs, and has been to walk once; will go home in a week.

Sept. 27. Miss D. has been treated for some months for nervous prostration, ulceration of the womb and chronic diarrhœa.

Her physician has given her a great deal of morphia. She has no appetite, is weak and much emaciated, cannot sit up more than half an hour at at a time. Complains of numbness in the head and is very nervous.

Oct. 8. Diarrhœa is entirely controlled. Has taken four tablespoonfuls of Liquid Food daily, and has an excellent appetite.

Oct. 15. Has gained so much strength that she walks out every day. Bowels in excellent condition. Sleeps well.

Oct. 22. Has recovered entirely from distress and nervousness caused by leaving off morphia. Gaining flesh rapidly.

Nov. 6. Has gained 14 pounds in five weeks—good, solid flesh. Knits, crochets, helps about the ward, and is well enough to go home.

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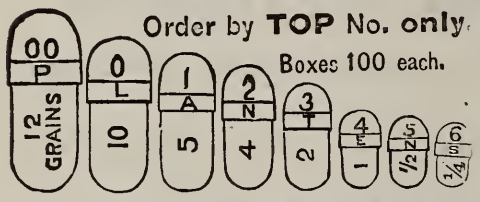


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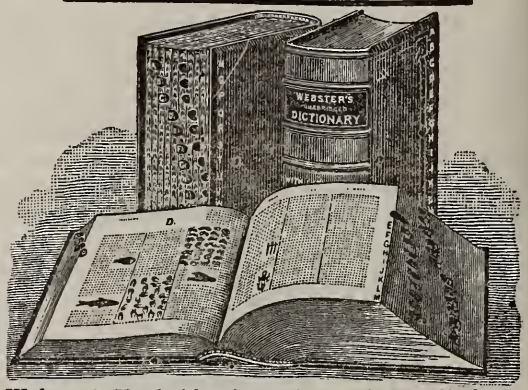


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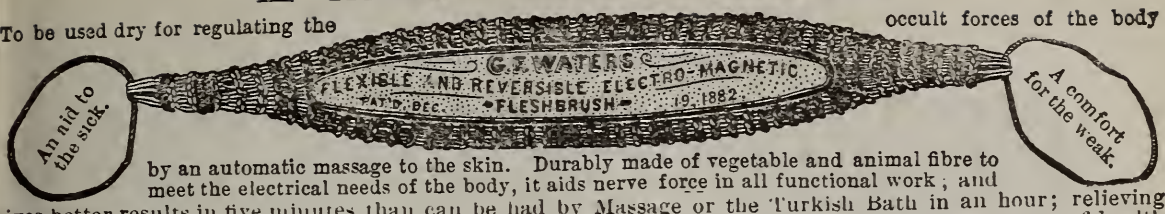


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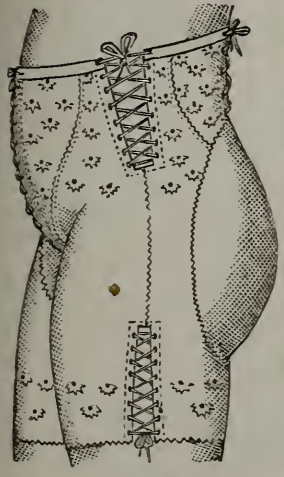

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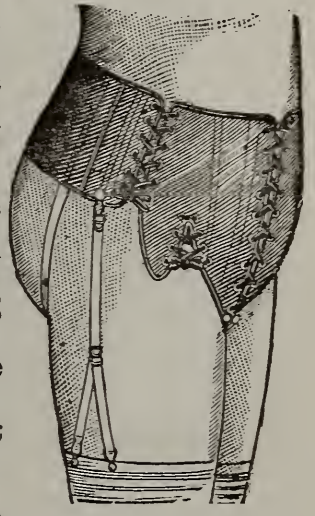

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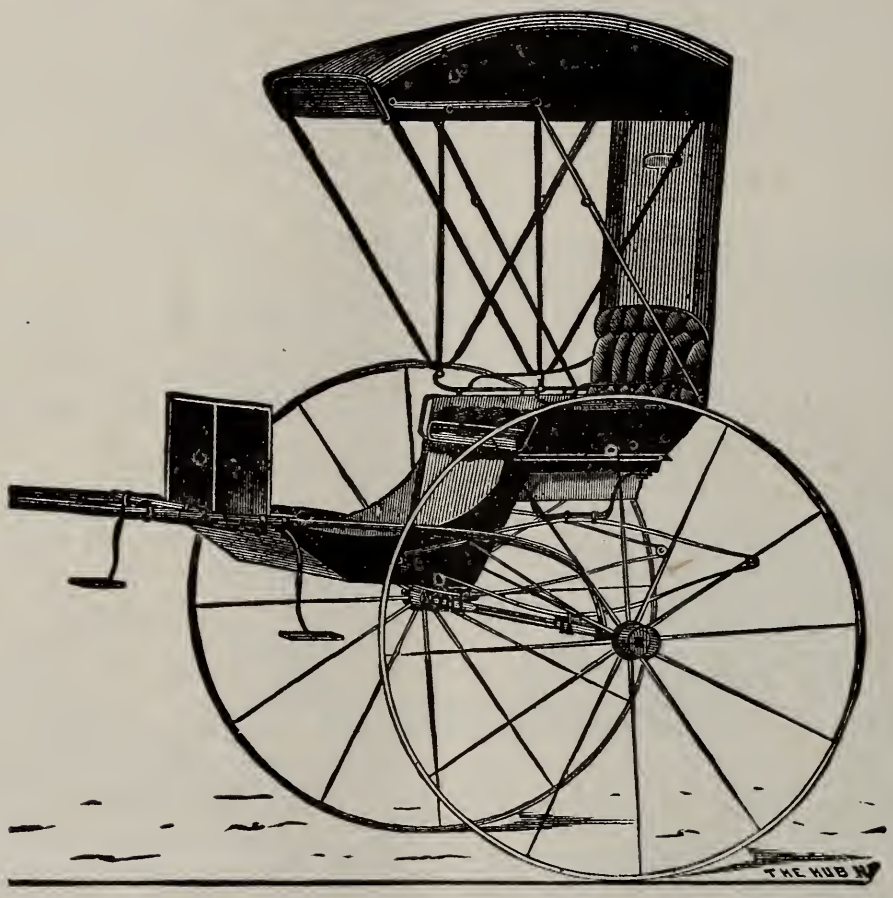


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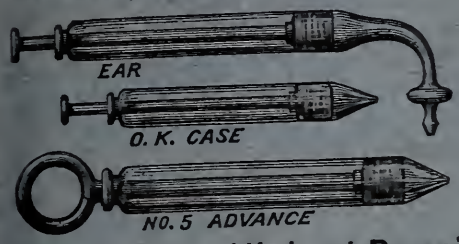


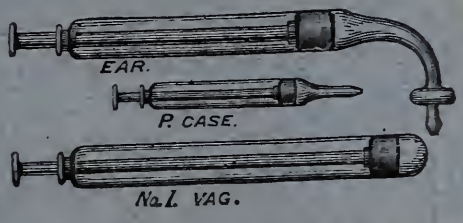


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FIG. 1.

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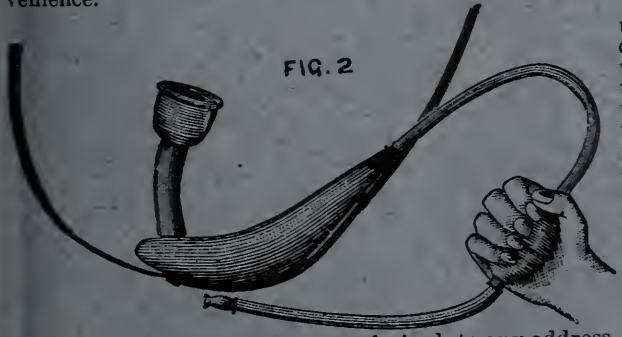
By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.

FIG. 2



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing, the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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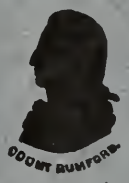


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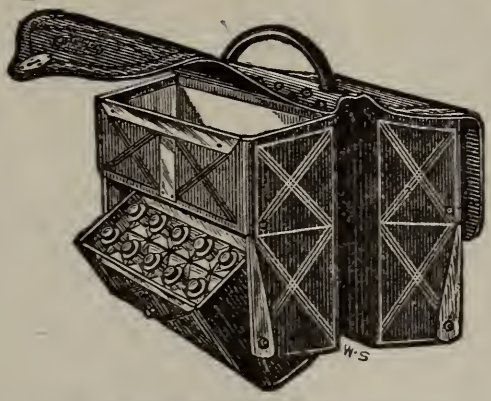

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# ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, MARCH, 1885. NO. 3.

## ORIGINAL COMMUNICATIONS.

### *SOME OF THE USES OF LIQUOR BISMUTHI.*

BY C. EDWIN MILES, M. D., BOSTON, MASS.

SOON after the issue of *Braithwate's Retrospect*, Part LXXIII, (July 1876,) my attention was called to an article it contained on the use of liquor bismuthi for hemorrhoids and prolapsus ani. The special pathological conditions, in the diseases for which this preparation was claimed to be curative, were clearly pointed out, viz., in prolapsus ani where there exists an irritated and congested condition of the mucous membrane, thereby producing a derangement of the muscular walls of the bowels; and in hemorrhoids when the neighboring mucous membrane is considerably involved. I had at that time, and soon afterward several cases, both of prolapsus ani and hemorrhoids, under treatment, and in those cases where the conditions were such as above described, I applied the liquor bismuthi as a remedy with very satisfactory results. On January 10th, 1877, I read a paper before the Massachusetts Eclectic Medical Society, bearing the same title that stands at the head of this article, in which several clinical cases were presented, delineating the conditions in which it was used, and demonstrating its therapeutical value. Since that time the bismuth solution has been a favorite remedy with me, and continued experience fully corroborates all that I

had previously said in regard to it; and it is with much confidence that I now call attention to it by recapitulating the cases reported in 1878, with several others of more recent date.

Case I.—Mrs. S., had been troubled with prolapsus ani during the last weeks of pregnancy, which was greatly aggravated by labor. I was called to see her three weeks after her delivery, and found her suffering severely during and after each evacuation of the bowels; indeed she said her discomfort was continuous.

The bowel was protruded nearly three inches; the mucous membrane was highly congested, and there were many patches of inflammation. Emollients and astringents had been of very little service, except that the former had at times afforded temrary relief. I ordered ℞. Liquoris Bismuthi ʒ iij; Tinct. Opii ʒ j. M. ft. lotio. At first I directed two teaspoonfuls of this lotion to be diluted with two teaspoonfuls of tepid water, and thrown into the bowel with an ounce rubber piston syringe every eight hours. After two days it was used twice a day for four days; then half an ounce of the undiluted mixture was used once a day. In ten days the cure was complete. Substantially the same treatment has been applied in several other cases, one of which was of quite long standing, with the happiest results. In cases of infantile prolapsus the bismuth solution should be used one third strength and without the opium, except much care be exercised that the dose be not too large.

Case II.—P. B., had been suffering from external hemorrhoids; the mucous tissue was extremely congested. I prescribed four ounces of liquor bismuthi, which was to be diluted with an equal quantity of water and the parts gently washed; a compress was then saturated with the same, and covered with a bit of oil silk, the whole being held in place by a T bandage. This treatment was continued for four or five days, and then the bismuth was used undiluted. The cure was speedy and painless. In certain cases of external hemorrhoids the inflammation of the mucous tissues extends above the sphincter ani. In such cases the bismuth solution should be thrown upon the inflamed tissues with a small rubber or metal syringe. I am afraid of the glass piston syringe; it is too liable to break in using. But considering the similarity of the condition of the

mucous tissues in the diseases just mentioned, to the congestive and inflammatory forms of the same tissue in the vagina, canal of the cervix uteri and of the uterus itself, I took the hint that the solution of bismuth was likewise to be thought of as a local application for disease of these parts. Mark me, now; I refer to the bismuth only as the *local* remedy for *certain forms* of leucorrhœa, never thinking it to be the remedy for all forms of that disease, nor as taking the place of constitutional treatment in many cases.

Case III.—Mrs. F., applied for treatment. An examination revealed an extensive congestion of the entire vaginal mucous tissue, and a profuse, white, milky discharge. I ordered the vagina to be thoroughly washed out with tepid water, by means of a fountain syringe, which I regard as altogether preferable to any other form where a large quantity of fluid is to be thrown into the vagina, after which three drachms of the liquor bismuthi were thrown into the vagina by a one ounce female rubber piston syringe, and the lotion retained as long as convenient, the patient elevating her hips on a firm and thickly folded quilt. This treatment was repeated daily for something more than one week. After this the wash with the fountain syringe was repeated once in four days, the bismuth being used daily. Three weeks quite completed a cure. Other cases of this type could be reported which yielded to a like treatment much more promptly than I have usually seen under any other form of medication.

Case IV.—Mrs. S., said she had been afflicted with leucorrhœa badly for three months. The discharge was stringy and muco-purulent, varying at different times as to quantity. Here there was not only inflammation of the vagina but also of the canal of the cervix. In this case the vagina was thoroughly washed out with tepid water, and half an ounce of the bismuth solution was then injected, and every fourth day the cervical canal was also carefully swabbed out with it, and a pledget of cotton-wool thoroughly saturated with the lotion was placed against the os, and kept in place for twenty-four hours. To the pledget of cotton-wool a string was firmly tied so that it could be easily removed by the patient's own hand. One month's

treatment, with but little variation from what has been detailed, effected a cure.

Finding so much benefit from the bismuth in the conditions alluded to, I have for several years prescribed it for gonorrhœa, substantially as in the following cases: Mr. T. S., came to me suffering from an attack of gonorrhœa of six days duration. The urine was somewhat scalding, and the discharge quite profuse. He had suffered but little from chordee. I prescribed ℞ Tinct. Gelsemii, ʒ ii; Bal. Copaibæ, ʒ j; Muc. Acaciæ, ʒ vi; Glycerine, ʒ iv; Aqua ad ℥ iv. M. S. Dose, teaspoonful every five hours. For an injection liquor bismuthi was used four times a day, diluted with an equal quantity of water. The cure was rapid and permanent. In another case quite similar to the one above mentioned, I trusted alone to the bismuth and water, employing equal parts by injection, with drop doses of staphysagria four times a day. A prompt cure was effected. Miss J., had contracted gonorrhœa, as she believed from the person first mentioned. The disease had progressed one week when I first saw her. The parts were considerably inflamed and the secretion profuse. I ordered the bismuth solution to be used by vaginal injections in half ounce doses four times a day. There was no other treatment. The results were most satisfactory. Within the last two years I have used the same preparation in several cases of urethritis in the female, by injection, diluted with water, one part of the former to two parts of the latter, with excellent results. After a few injections some patients can use it at its full strength. In acute rhinitis, used in the manner above described, it has proved the best lotion I have ever used. I have also found liquor bismuthi very effective in the treatment of the relaxed condition of the vaginal walls, which often produces prolapse of that organ, and sometimes prolapse of the uterus, by applying it at full strength on large pledgets of absorbent cotton. In the treatment of each of the diseases cited, it is supposed that the practitioner will give attention to the constitutional conditions that generally arise in, or accompany them, and such has been my course, but it seemed unnecessary to give it in this paper.

# *REVIEW OF JUDGE GREEN'S DECISION RELATIVE TO THE BOARD OF HEALTH LAW IN WEST VIRGINIA.*

BY JOHN KING, M. D., CINCINNATI, OHIO.

I HAVE have recently had placed in my hands a pamphlet of seventeen pages, in which is given the decision of Judge Green of West Virginia, in the case of Dr. Frank M. Dent, of that state, regarding the constitutionality of the enactment of a law creating and giving excessive powers to the "Council of Ten," or in other words to a State Board of Health for West Virginia. This decision of Judge Green's has proven a source of ecstatic delight to our Allopathic brethren, and they have rolled it under their tongues as a sweet sop that will enable them to succeed in their nefarious design of wiping out all "irregulars" in this country, of whatever school, through legislation. These gentlemen have recently applied to Congress for the formation of a "National Board of Health," the members of which are to be taken from those constituting each State Board of Health,—a deep scheme,—thus apparently rendering it almost a necessity that such State Boards should exist, from the fact that Congress has recognized them and Judge Green has affirmed their constitutionality,—thus forming in this country a huge combination of "State and Medicine."

Such being the case, I have carefully perused the pamphlet, above alluded to, with the expectation of being regaled with much legal lore and American talent, but I regret to confess that I was greatly disappointed in finding that in this recent decision of Old Virginia, and with one of its highest judges, its glory had departed, and that instead of American patriotism and true legal talent, there only existed their deformed shadow. To undertake a thorough review of this highly allopathic-lauded decision would require at least as many pages as the article itself occupies, as there are numerous errors, weak points, and suspicious parts, contained in its body ; besides, in this age of deprivation of human rights, my criticisms might be pronounced unconstitutional and treasonable, or, perhaps, the second "mistake of my life." Therefore, in order not to make a too lengthy paper,

I will simply notice certain points embraced by Judge Green in his decision, without any cognizance of, or reference to, outside assertions or facts, it being, as I have already and repeatedly observed elsewhere, the *principle* and the outrageous *precedent* to which I am opposed, in this as well as in all other similar cases.

One of my antagonists in this matter, though engaged in the same cause as myself, in replying to my previous articles relative to Medical Legislation, has stated as follows: "The facts are these: Prof. King, in his ardor for freedom and hatred of old-schoolism, has taken most extreme grounds, and urges a policy not at all suited to the times nor the emergencies of the case. He does not seem to realize that the issues now before us are quite different from those in the early days of eclecticism; and that the character of the opposition is very different also."* Now these are *not* the facts; I do not hate old-schoolism, for I believe in mental freedom to its fullest extent, and however much one may vary from my views, if he be honest and consistent with them, I must respect him. But, in doing this, I do not include that I shall surrender any of my rights, or, that he shall place me under bondage. Again, the issues now before us, though presented under a gilded coat, are exactly the same as they have ever been, and the opposition originates from the same source as heretofore. A truth, a fact, or a principle, is *eternal*, never changed by the times, the issues, nor by the emergencies, but is always and invariably *up to them:* and though the times, the emergencies, may retrograde, the truth, the principle, remains the same forever.

In Dr. Dent's case, it appears, according to Judge Green's statement, that the Doctor had been in medical practice for six years, and had a large and lucrative patronage, which he certainly could not have had unless he had been successful in his treatment of the sick and possessed the confidence and the esteem of the community. He was a citizen of the Commonwealth and part of the body politic; was a graduate of a college in which, while its course of study might not be thorough, he certainly had received a medical education, else he could not have been so suc-

*The American Medical Journal, St. Louis, Mo., January, 1885, p. 33.

cessful from the start; and, in addition to these, when the State Board of Health Bill was enacted, he had had the benefit of six years training in the school of experience. Besides, it was not the people who had asked for such enactment, or for such legal persecution of Dr. Dent, but a *few* practitioners of a different class and who were in direct antagonism to his school and its graduates.

The object of the Board of Health law, as stated by the Court, was to prevent destruction of life by incompetent persons attempting to practice medicine; but certainly this does not apply in the present case, nor in the case of any other competent practitioner. In the first place, no accusation had been made, of either incompetency, or of an attempt to destroy any body's life. In the second, during the six years of Dr. Dent's practice, no law or regulation forbidding him to practice, or making it illegal, existed in the State, neither had there been any such law on the statute books of the State since its admission. The Board of Health law was a departure from this "settled practice" or condition of things, and which, in the *non-recovery of fees case*, referred to on page 10, certainly "worked injustice" which, according to Judge Cooley, would render such legislation unconstitutional. The application of the "restraints" imposed upon Dr. Dent by this law were in no sense demanded by the paramount claims of the public, nor "for the purpose of promoting the health or the prosperity of the community at large," but on the contrary they take away from his large clientage the benefit of the advice and attention of their trusted medical adviser, thereby preventing them from "pursuing and obtaining happiness and safety."

Courts are intended to be the guardians of the liberties of the people, and are in duty bound to guard them jealously, and to see to it that the legislation, which takes away from the citizen any of his natural rights, is *absolutely necessary* for the public welfare, or else, upon proper proceedings to interpose and prevent its enforcement. The law, referred to in the present case, is tyrannical, unjust, and, so far as Dr. Dent is concerned, unnecessary, it not having been proven that he was either a quack, charlatan, or an unqualified person, but rather, on the contrary, a well qualified and successful physician; and his right to prac-

tice his profession was, at the time the Board of Health law was passed, a vested, inherent right, of which he could not constitutionally be deprived by such legislation.

Law, is defined to be "a rule of action." An old legal maxim says, "when the reason for the rule ceases, the rule ceases;" the reasons given for passing this Board of Health law have no application in Dr. Dent's case. Of the cases cited by the Court, few have any application or bearing upon his case at all, and the decisions, as well as the authorities quoted, were very generally mis-quoted. The Ohio cases cited have little or no bearing. The Massachusetts cases cited, and the Massachusetts law, only refer to the collection of fees by suit, and do not attempt to prevent any one from practicing. The laws cited governing admissions to the bar, have no application. Lawyers practising at the time of their passage continued to practice undisturbed by any new conditions or requirements. The laws cited by the Court, relating to bakers, saloon-keepers, etc., are merely revenue, sanitary, or police measures. A law requiring a saloon-keeper to be of good, moral character, would be a curiosity.

Legislation of the kind under consideration, and decisions of this sort tend to confirm the feeling, now largely prevalent among our thinking and observing citizens, that we are gradually drifting towards a monarchy. Public officers appear to forget that the people are the government, and that the officers are simply the servants of the *people*, and not of rings, cliques, conspirators, or a favored few. Many of our officials seem to consider themselves the government, and the people merely "subjects." There are no "subjects" in the United States, notwithstanding the learned author, who is quoted in this decision, to the contrary. A highly talented and closely observing medical friend, in a letter upon Medical Legislation, writes to me as follows: "My impression is that our school will ultimately be overthrown, and that this result will be hastened by the apostacy of some, and the wandering after strange gods of others. I regret that the events of life, as they occur, appear to make such a result inevitable. But, if I may be permitted the digression, I will add, that what is true of Eclecticism is true of Liberty. Both will be swallowed up in despotism. It is the lesson of life that mankind is not cap-

able of self-government. These results may not take place in our time, but they will surely come,—insensibly to the masses will the revolution or transformation of our institutions go on, until the love of liberty becomes lost in the admiration of the splendor of Imperialism, and the transition will be complete."

The statute referred to in this decision of Judge Green, and the decision itself, are contrary to the genius and spirit of our institutions, and to the principles that underlie our political structure. So long as a citizen is a law-abiding man, following his chosen calling peacefully, harming no body, and more especially doing good to his neighbors, no man, body of men, court, legislature, or what not, have any constitutional right to molest him; and any attempt to do so is usurpation, tyrrany, and an outrage. Carrying legislation of this kind to its logical results,—attempting to "regulate" the actions, movements, employments, etc., of our people,—will soon carry us back to the condition of things existing when the "curfew" was sounded in the evening.

The argument of Dr. Dent's counsel, and the cases and authorities cited by him are much better law than that of the decision of the Court, which latter is remarkable for its weakness, misconstructions, and misapplications, not to say distortions, and leave the impression that the case was to be decided against the defendant in any event. The importance of keeping each of the coordinate branches within its own sphere, will not be denied. At the same time, where a law passed by a legislature is so manifestly unjust, as the one referred to in the present case, a judiciary which does not interfere and prevent its execution or enforcement upon proper proceedings, is, in my humble opinion, simply derelict in its duty.

But my article has become more lengthy than I originally intended, and I will close by observing that in order to fairly comprehend my too brief review, I would advise every homeopathic and eclectic practitioner to procure a copy of the Court's decision in this case. I apprehend that numbers of them have been printed to present to the legislative members of those States in which State Boards of Health have not yet been formed, with the hope of cajoling them into the enactment of bills for such boards. And it will be observed during the perusal of the Court's opinion,

that, as already hinted at, the decision was apparently one foreordained, and for which predetermination the Court seems to be constantly apologizing; and that when reduced to its utmost *intensity of condensation*, its argument can be summed up thus: Snow is white, wool is white, therefore snow is wool.

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## *IS MILK IN THE BREAST A SIGN OF PREGNANCY, PRESENT OR PAST?*

BY ROBERT A. REID, M. D., BOSTON, MASS.

The presence of milk in the breasts used to be, and is still by some, regarded as an infallible sign of pregnancy either past or present. Nothing, however, can be more erroneous than such a conclusion. The presence of the fœtus in the womb, and the suction of the child upon the nipple are the physiological excitants of the mammary secretion, but there are excitants very diverse in their nature which may bring about the same result, aside from the puerperal state.

In ancient time a young girl wes accused of having lost her virginity, and was publicly punished, by reason of the appearance of a flow of milk from her breasts, but it was long ago established that the presence of milk in the breasts was not to be taken as proof positive of either existing or past pregnancy, and many interesting and curious instances have been recorded where the breasts of young women who had never been pregnant, and old women past child-bearing, have yielded milk in sufficient quantity to suckle a child. Dr. Livingston, the renowned African traveller, related the case of a native woman, which he had investigated so closely as to exclude even the possibility of a doubt. She was delivered of twins, and not being very robust, was unable to nurse both, whereupon the grandmother, a woman of sixty, took one infant and after repeatedly placing it to the breast the secretion was so abundantly established that she proved an excellent nurse. Equally remarkable instances of lactation have been recorded among the negroes of the South.

During the war a male negro, aged fifty-five, who had wet-nursed all the children of his mistress, was exhibited to medical classes in some of the northern cities. Humboldt saw a man

thirty-two years old who in order to quiet his infant took it into bed with him and gave it his breast. The irritation of the nipple by the sueking of the child caused a secretion of milk which was thick and very sweet. For five months the father nursed the child several times a day, and during this time it had no other nourishment, and thrived upon it. Captain Franklin met similar instances in the Arctic regions. The imagination and certain emotions act strongly upon the lacteal secretion. Diemerbrock relates the case of an old woman of sixty-five, who, filled with a desire to rescue from starvation a child whose mother had died, applied it to her breasts and after several attempts milk came in sufficient quantity. He also gives an account of a young woman whose breasts overflowed with milk at the moment she abandoned herself to the tender embraces of a fond husband. Tumors of the breast often give rise to the secretion of milk, as may also tumors of the uterus and its appendages, acting by sympathy.

Excitation of the nipple is a powerful excitant, and numerous cases are on record where a perfectly chaste girl by applying an infant to the breast has so aroused the gland to action as to furnish an abundant supply of milk, and a couple of years ago a curious case of galactirrhœa was reported in a French periodical. It was that of a woman who had never been pregnant, but who had lived for a year or more with a lover whose principal delight was to excite her breasts. The lacteal secretion may show itself at any period of life—cases having been known where it had been present in infants but a few days old, and in old women who had long since passed the menopause and in whom the breasts had seemingly undergone atrophy, but were roused to renewed activity by the sucking and drawing for milk of a child.

These, and many other equally curious instances which might be related, show under what unusual circumstances the secretion of milk may occur, and by what various means it may be excited, and go to prove that while the presence of milk in the breasts is certainly a common accompaniment, or sequence, of pregnancy, it is by no means to be accepted as absolute proof, and hence the above cases are of importance in a medico-legal aspect. They are of far more practical importance, however, in showing

how much may be done, and by what means, toward inducing or increasing a flow of milk, even under the most unpromising conditions. It is of vast importance to both mother and child that the mother should be able to nurse the child. Frequently mothers having little breast milk suckle their babies at long intervals, and finally becoming discouraged at the unproductive state of their breasts, resort to weaning, when by patience and more frequent nursing they might become good wet-nurses. If the suction of a child on the breast may so stimulate the mammary gland in women past the menopause, and even in men, so that it will secrete sufficient milk to nourish a child, nothing should induce the physician to consent to premature weaning and artificial feeding, which a disheartened mother is apt to suggest, unless he perceives other good and sufficient reasons for weaning apart from scantiness of milk.

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *REMOVAL OF A CYST CONTAINING HAIR, AND COMMUNICATING WITH THE INTERIOR OF THE SKULL.*

MIKE FUNK, German-American, applied for treatment, complaining of a tumor situated at the junction of the frontal and parietal bones in the median line.

The history of the case is as follows: At birth, a small tumor, about one half inch in diameter, was noticed at about the centre of the anterior frontanel which never disappeared but has gradually increased in size ever since, (the patient being now twenty-two years of age), and has always been more or less painful. The appearance of the tumor indicated merely a congenital dermoid cyst, being three inches in diameter laterally, four inches auterio posteriorally and three inches from base to apex. About the 20th of November last, Dr. C. Rutherford punctured the cyst with a small sized trocar, removing a part of its contents which was composed principally of fatty matter. Shortly afterward the tumor was examined by Drs. Moses Gunn, F. Henrotin and at the Alexian Brothers' Hospital, and an operation for removal was advised, but on account of a very perceptible depression in the skull at or near the centre of the tumor,

a guarded prognosis was given, believing there might be direct communication between the cyst and the brain. On December 8th, Dr. Henry Ogden administered chloroform to the patient, when, with considerable difficulty on account of the general adhesion, I removed the cyst, finding a direct communication between the cyst sack and the dura-mater through an opening of both tables of the skull of about one half inch in diameter, situated one inch anterior to the fronto parietal articulation in the median line.

Upon rupturing the sack the contents were easily removed, consisting of about two ounces of rather thin dark colored, offensive smelling pus, and with it a matted mass of hair about two inches in its longest diameter by three-quarters of an inch in thickness. One hair detached from the mass measured thirty-two and one-half inches. Upon microscopical investigation, the root, which was found upon some of the loose ends protruding from the mass, seemed to be in good state of preservation as though recently removed from the follicle, conveying the idea that the hair had from some cause been turned from its natural course and grown internally instead of externally, forming the nucleus of the cyst. The sack was destroyed without examination for hair follicles, which were undoubtedly present.

The wound was treated with compress and at the present writing is nearly healed and the patient discharged cured. No brain complications arising from the handling and disturbing of the dura-mater.—Dr. J. G. Bemis in *Chicago Medical Times.*

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## *SOME OF THE THERAPEUTICAL USES OF CHLORAL HYDRATE.*

The common use for chloral hydrate—to relieve pain and produce sleep—is too well known for comment. We know from experience that it is convenient for occasional resort, but often unreliable until pushed to dangerous extremes, where we greatly need an anodyne or hypnotic.

The agent, however, promises to become one of true curative powers as its uses become more fully developed, and we may yet find it one of the indispensables in daily practice, where we do not desire either an hypnotic or anodyne agent.

Last August we published an article by Dr. Ross, in which he related a remarkable recovery following the administration of this drug for palliative purposes in what seemed to be a hopeless case of albuminuria. The case had apparently advanced beyond any chance of recovery. The urine was albuminous, there was general anasarca, and finally, convulsions, with intermediate

coma, succeeded. The priest had been called, the "extreme unction" had been performed and the patient given up to die, when thirty grains of hydrate of chloral were injected per rectum to quiet the convulsions. On returning the following morning expecting to find his patient dead, the doctor was astonished to see him open his eyes and greet him intelligently with a "Good morning, Doctor." Continuing the chloral the urinary secretion became free and the patient ultimately recovered.

Acting on this suggestion we have prescribed it in a single case with apparent benefit. The patient was in the initial stage of chronic nephritis, and so improved as to go to the country in a state of apparent health and was thus lost sight of.

If the agent fail to accomplish anything in this direction upon further trial, it still has a place in the treatment of pruritis. Locally its use is well known; its application to this disease as an internal agent is not so well known. However, it has been recommended by good authority internally for urticaria, erythema and other evanescent skin affections, and we are convinced from trial that it is the most reliable agent we have in such conditions.

We have used from one-fourth of a grain to one grain in these cases, with positive and speedy response. The dose may be repeated every two hours.

Recently the agent has been employed as a substitute for cantharides to produce vesication. We are directed to sprinkle powdered chloral on ordinary adhesive plaster, melt it with a gentle heat, then apply to the part. It will vesicate in ten minutes.—*California Medical Journal.*

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## *REDUCTION OF DISLOCATION OF THE HEAD OF THE HUMERUS.*

In 1881 Prof. Kocher, of Bern, read a paper at the International Medical Congress in London, on his method of reducing a subcoracoid dislocation of the humerus. His method is as follows:

The patient sitting up; the first movement is to flex the forearm to a right angle with the arm, the elbow at the same time being pressed firmly to the side; now rotate the arm *outward* until firm resistance is encountered; the second movement is as follows, the arm still rotated outward as above directed, the elbow is carried forward and at the same time inward over the chest to near the median line; the *third* movement is, to rotate the arm inwards; this movement is in fact one of restitution, for the hand of the injured limb is by it carried to the opposite shoulder.

Prof. Kocher recommends his manipulation in subcoracoid dislocation, but others have reduced subglenoid and other forms of the injury by the same manœuvre. A few months ago Dr. T. F. Laing brought before the class a young negro man with a dislocation of the head of the humerus under the clavicle, of nearly a year's standing. We put him under chloroform and then proceeded to carry out Kocher's manipulations. It was surprising to note how readily the head of the humerus was made to leave its new place and to go right over the front lip of the gleroid cavity and assume a position on the glenoid cavity. Unfortunately this cavity was filled up by a deposit which prevented the head entering it; but the fact was patent to all present that the head of the bone was easily placed in the normal position and would have remained there but for the cavity being filled. We repeated the manœuvre several times.

In this case we noted, that when the arm was rotated outward to the full extent, and as soon as the elbow was being carried forward and inward over the chest, the head of the bone seemed to slip through the rent in the capular ligament and mount over the glenoid cavity. We could cause a distinct click which was heard by all, and was produced by the slipping of the head away from the lip of the glenoid cavity, when we rotated the arm inward too soon.

The impediments experienced in effecting reduction of dislocation of the shoulder and hip joints are doubtless due, if not entirely, in a very great degree, to the rent in the capsular ligament of these joints caused at the time of the accident by the head of the bone tearing its way through, and the difficulty encountered in causing the displaced head to retrace its steps and re-enter the cavity by again passing through the rent.

By manipulations rationally carried out in accordance with the anatomical construction of the part, we can easily replace the dislocated head.

Kocker says, "If now the arm is rotated so that the forearm, bent to a right angle, looks directly outward, this tense band before mentioned (the coraco brachialis), with the head of the humerus, is also turned outward, and thereby the inferior or posterior capsule wall is forcibly lifted away from the glenoid cavity, and the hole in the capsule made patent. But the head of the humerus is still firmly pressed against the anterior edge of the glenoid cavity, because, by the motion just made (rotation outward), the upper part of the capsule, as well as its under part, is not in the least relaxed. It is only after flexing, and carrying forward the humerus in its position of outward rotation, that the upper part of the capsule is relaxed, and, in consequence of the

tension of the under part, which still exists and prevents the head from gliding forward, that it (the head) is thrown backward in its cavity."

Accordingly, we are easily instructed into the course of reduction by this manipulation, for as the humerus (still in a state of tense outward rotation) is being carried across the chest toward the median line, the elbow at the same time kept *away* from the walls of the chest, the head retraces its steps through the rent in the capsule and reduction is effected.

When the first attempt at reduction fails, repeat it at once; in doing this it is advised to make traction on the humerus in a downward direction from the beginning of the manipulation to the end. The use of anæsthetics is not particularly necessary, and most writers on this subject say they are necessary only in very intractable cases of severe muscular rigidity and resistance. But this condition is hardly capable of affording any serious embarrassment when this form of manipulation is resorted to.—*Georgia Eclectic Medical Journal.*

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## *CATHETERIZATION OF THE URETER.*

In certain cases the introduction of a catheter into the ureter by way of the urethra might prove of decided advantage, both in diagnosis and treatment. In certain diseases of one kidney its removal might save the life of the patient, provided the opposite organ were secreting urine in sufficient quantity to free the blood of the solid urinary constituents. If a catheter could be introduced into the side corresponding with the kidney the action of which is to be determined this might be decided with certainty.

The presence of a calculus in one of the ureters might also be thus decided or the differential diagnosis between hydro-nephrosis and an ovarian cyst.

Thus far the maneuvre has been practiced on women only, the anatomical relations of the male urethra presenting unsurmountable obstacles to anything like success in the latter sex.

Dr. Simon first practiced catheterization of the ureter. This was accomplished by dilating the urethra, when the opening was found by exploration. But it seemed that Simon possessed more than the average dexterity, as those who attempted to follow him in his plan failed. Though Simon succeeded in reaching the pelvis of the kidney in all but two out of a total number of seventeen women catheterized, Winckle asserted that he could not even recognize the orifice of the duct. Others also failed to introduce the catheter as directed by Simon.

The next plan was put forward by Greenfield, who invented an endoscope, with a glass in the extremity, which, introduced through the urethra, enabled the operator to bring the orifice of the ureter into view, and with a peculiarly constructed sound explore the canal. Many difficulties are said to attend this maneuver. Unless the bladder is distended the operation is impossible. Opacity of the fluid contents from the presence of mucus is liable to seriously obstruct vision, and the distention is necessary to remove folds which would otherwise interfere with the detection of the opening. The instrument is also manipulated with difficulty, and even long experience and practice fail to qualify the manipulator with elements of success.

In 1881 Dr. Carl Pawlick demonstrated the most successful and practicable method yet known. It depends upon the recognition of the fact that the trigonum vesicæ, the apices of which correspond to the openings of the ureters, is recognizable by both eye and finger through the vagina. While assisting in Dr. Carl Braun's clinic in operations for vesico vaginal fistulæ, he observed that by introducing a finger through a fistula into the bladder, a catheter introduced through the urethra could be guided into the ureter, and he later found that the finger in the vagina would serve the same purpose. After further experience he found that a speculum in the vagina was unnecessary, for with the finger introduced into that organ a catheter could be felt and guided into the ureter successfully through the vaginal wall.

The principle appears simple, but its successful application must depend upon nicety of touch and a thorough education of the senses to the anotomical parts concerned. Ordinary practitioners of medicine can hardly expect to be sufficiently expert to accomplish the feat.

Dr. Belfield, to whose valuable work on "Diseases of the Urinary and Male Sexual Organs," we are indebted for these points, employs a flexible sound, straight, except that the last half-inch is bent to a slight angle with the shaft. With the finger in the vagina the trigonum is slightly raised so that the orifice of the ureter shall rest on the inner side of the finger. The point of the instrument introduced into the bladder can readily be detected and should be guided so as to enter the orifice. The first attempt will probably be unsuccessful, the point engages in the mucous membrane in the vicinity of the ureter, and the mistake is discovered only when the effort to advance the instrument meets with decided resistance. When finally the instrument enters the ureter the fact can be ascertained by observing that while it progresses readily in the direction of the ureter it cannot be moved laterally without decided resistance.

After the introduction of the sound a catheter of proper size, having the closed end cut off can be slipped over it.

In case of question as to the functions of either kidney in the male, attempts have been made by variously devised instruments introduced into the bladder, to occlude the orifice of the opposite ureter, but little success has attended these efforts on account of the uncertainty of the operation.—*California Med. Journal.*

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## *A NOVEL METHOD OF REMOVING COAGULATED BLOOD FROM THE BLADDER.*

In the year 1882, I had a rather interesting case, which I find recorded in my case-book, an account of which I herewith present to your readers.

A colored man, while carrying a hod of brick on the third story of a building in process of erection (the flooring of which had not been laid), fell through to the floor below, a distance of about fourteen feet. In falling, he struck heavily on his perinæum upon a joist, and tumbled in an insensible condition to the ground. His fellow-workmen, who at the time supposed he was killed, procured a board and carried him home. I was sent for. I found him still unconscious; but, after administering the usual restoratives, he seemed to recover, and I left him.

About midnight I was again called, and found him suffering greatly from a distended bladder, with inability to micturate. I at once introduced a catheter, but no urine passed. The catheter was then removed and the eye found to be filled with blood coagula. The man was in great agony, and something must be done immediately to relieve him. I thought of injections to dissolve the coagula, but the bladder was so distended with urine that such an effect could hardly be obtained, and I did not practice it. I again introduced the catheter, after enlarging the eye, but with no better success. Finally a happy thought occurred to me. I sent to a drug store for a yard of rubber tubing, 1-4 inch in diameter, and fitted it on the catheter (which was already inserted into the bladder), and, handing the other end to the patient, told him to place it in his mouth and suck for all he was worth, as his life depended upon drawing the coagula through the tube. He obeyed my instructions to the letter, and drew with the capacity of a forty horse-power engine. Suddenly a great spitting and spluttering took place—the coagula had passed through the rubber tubing, and the urine followed to the amount of about three pints. The patient made a good recovery.—Dr. W. F. Ball in *Medical Advocate.*

# SELECTIONS.

## *ADMONITORY.*

In concluding an article on the "treatment of chronic diseases with special reference to indigestion," Dr. W. M. Kepburn, in the *Medical and Surgical Reporter*, relates the following:

"My first consultation brought with it a lesson which has been of such inestimable good to me, and is so appropriate to the subject, that I feel compelled to relate the case: A child about thirteen months old had always been delicate, and was at this time of which I speak prostrated with chronic diarrhœa, and the attending physician thought malaria. I cannot recall all he was giving the child, but will tell what I remember: Quinine by suppository, Fowler's solution, opium and astringents for the diarrhœa, and brandy as a stimulant, besides large quantities of milk. I say it was my first consultation, and though I believe in many medicines, these struck me as being a little too much; but, as the physician in attendance was double my age, I mildly suggested stopping Fowler's and quinine, and reducing the amount of brandy. The child, however, grew worse, and the mother, and doctor, too, giving up all hope of its recovery, the child was placed on a pillow and taken by its mother to her old home, intending, if it lived to get there—some ninety miles by railroad—to put it under the care of a homœopathist—a graduate of a regular school—in whom she had great confidence. The child had some fifteen passages the day it was taken home, and looked about worn out. To-day that boy is a robust, hearty little fellow. What medicine did the homœopath use to cure such a desperate case? As I happen to know, I will tell: He used white of an egg, sup of cold water, sugar to sweeten, and teaspoonful of port wine given *ad libitum*.

Before closing this article let me recall a remark I made in regard to the use of drugs in acute cases. I said: "In acute cases strong drugs may be used in large doses, or in small doses frequently repeated with most marked effect."

Now, that is so, but if we continue the medicine too long the "marked effects," may not be what we wish for. I had, one year ago, a case of puerperal fever, and a most discouraging case it was. At last the disease had spent itself, but what a condition it left the woman in! Nauseated, purged, emaciated, weakness itself, death seemed hovering over her ready to grasp his prey. The consulting physician said she could not live twenty-four hours, ordered brandy and milk, quinine, opiates and astringents for the diarrhœa.

Now, that the woman apparently needed all these could not be disputed, but she could not take them. A few more retchings and purgings, and her last gasp would have been taken.

What then did I give her? What common sense directed. "I gave her a rest," heat to the body, mustard to the stomach. After some hours teaspoonful doses of a mixture of milk, lime water and brandy were given. The woman at present, is in most excellent health.

I have, perhaps, become prolix in my effort to enforce my "points," but it does seem to me that we should study earnestly to know the true place medicines should have in our treatment of these discouraging, chronic cases; and *the more we study the more we will be convinced of the necessity of carefully and watchfully administering strong drugs, and of the wonderful aids, if rightly used, we have in rest, diet, exercise, pleasant surroundings, protection and support.—Peoria Medical Monthly.*

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## *A SIMPLE TREATMENT FOR STRANGULATED HERNIA.*

The *Medical Record*, January 3, tells us that a correspondent who has forgotten to attach his name to his article writes calling attention to a simple expedient that he has resorted to successfully in cases of strangulated inguinal hernia after taxis had failed. It consists in dilatation of the constriction which produces the strangulation at the internal abdominal ring by passing the finger along the inguinal canal, carrying the integument before it until the constricting ring is felt, which generally is easily done; the finger is then gently insinuated into the opening, and if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give away, when a resort to taxis again will ordinarily result successfully.

The advantages to be gained by this expedient are that it can be tried as soon as moderate efforts at taxis prove ineffectual, and before the tissues involved are injured by prolonged or severe manipulation; the patient is saved from the dangers resulting from delay; and the dangers attending operative interference, with the complications and sequences which may arise therefrom, are supplanted by a procedure which is harmless in itself and is not liable to be followed by any complications.

He finds that there is no danger of creating a larger permanent opening at the internal ring. He has tried it in five cases.—*Medical and Surgical Reporter.*

## *STRANGULATED HERNIA—ASPIRATION—RECOVERY.*

The following case, which Dr. J. H. Leslie Allen reports in the *Brit. Med. Jour.*, Nov. 29, 1884, possesses much practical value:

On Christmas Day, 1882, I was called in by Dr. Lawton to see a farmer, aged about 70, subject to a large right inguinal hernia. It was usually reducible, but on this occasion had become obstructed, and could not be returned, though Dr. Lawton had diligently and carefully applied the taxis, and tried all the usual accessories—enemata, fomentations, etc.—in the hope of overcoming the obstruction. The hernia was of great size, filling and distending the scrotum, and felt hard and tense from imprisoned flatus. This careful trial of the taxis having failed, it became evident that, unless relief were soon afforded, the patient would sink, as the symptoms of strangulation had been for some time becoming more urgent; yet the man was old and feeble, in bad health, and not likely to survive an operation. I therefore suggested aspiration of the flatus, and a renewed trial of the taxis. Dr. Lawton accordingly passed a small needle of the aspirator well into the distended gut, which soon became perceptibly more flacid, and, on further trial by manipulation, the gut slipped up at once. A draught containing twenty minims of tincture of opium was then given, a hot poultice applied over the groin, and absolute rest enjoined. Next day the patient expressed himself as feeling well. Half a grain of opium was given morning and evening, to keep the bowels quiet; and, after a few days, recovery was complete, though it was difficult to keep up the hernia on account of the great size of the ring.—*Medical and Surgical Reporter.*

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## *APPLICATIONS OF COCAINE.*

We are constantly in receipt of communications from correspondents calling attention to the efficacy of cocaine in hyperæsthetic and irritable conditions of the mucous membranes. The following cases are reported:

*Irritable Bladder.*—Dr. Sara E. Post, of New York, writes: "Two weeks ago I employed cocaine for an irritable bladder, with almost constant micturition, which four grains of the extract of opium, given per rectum in the course of twelve hours, did not control. By means of the Cushier intra-uterine syringe ten to fifteen drops of the two per cent. solution of cocaine were injected, so as to bathe the neck of the bladder and the urethra

over its whole extent. The relief was immediate. The patient did not micturate for an hour after the application, and not more frequently than once in forty-five minutes during the night. The previous condition did not recur."

*Asthma.*—Dr. Post relates another case of a woman, sixty years of age, who had suffered from asthma for many years. She presented herself at the clinic for general medicine at the New York Infirmary during an attack. Examination showed a catarrhal condition of the naso-pharyngeal mucous membrane, and thinking that the dyspnœa might be the expression of a nasal reflex, Dr. Post painted the mucous membrane of the nose and throat with a four per cent. solution of cocaine. Within ten minutes the spasm was relieved and respiration became easy and inaudible. The patient was afterward treated with local applications of tannin and glycerine, and the asthma has not returned. This result would seem to argue well for the use of cocaine in the paroxysms of asthma occurring in hay fever.

*Pruritus Vulvæ.*—Dr. Sarah J. McNutt, of 238 East Thirteenth Street, writes: "I have under my care a patient who suffers from an exaggerated pruritus vulvæ, associated with a peculiarly atrophied condition of the parts. All of the usual remedies had been tried with but little relief at any time, and frequently with apparent aggravation of the trouble. This patient came to me a few days ago meditating upon self-destruction, her agony was so great. A four per cent. solution of cocaine painted over the parts gave almost immedirte relief, the patient remarking, 'I have now no sensation not even the sense of soreness, from the rubbing and scratching which has been done.' The physician's satisfaction was almost equal to that of the patient, her treatment had been such a care."—*Medical Record.*

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## *HAMAMELIS IN EPISTAXIS OF TYPHOID FEVER.*

Henry B. English, æt. 22, a railroad laborer, had been complaining of the usual symptoms of typhoid fever for several days. While sitting in his chair one afternoon he felt as though "something had exploded in his nose," which was followed by a profuse epistaxis of a violent nature. He called at my office at 4 P. M. On examination, I found blood running down over the soft palate in intermittent jets, and oozing out at the anterior nares around the temporary plugs of cotton he had placed in his nostril. I introduced some nasal plugs, freshly saturated with tannic acid, which checked the bleeding immediately and appeared to be permanent, but only proved to be temporary. I

then resorted to the remainder of this class of astringents—alumen, gallic acid, etc., subsulphate of iron being the only ferruginous preparation resorted to. I then left my patient, telling him that I would call again in about an hour, this being 8 P. M.

On returning, I fonnd my patient in the same precarious condition as he was when entering my office, the subsulphate of ferrum having failed to be of any therapeutical value in this case.

I then removed the old plugs and replugged the anterior and posterior nares with freshly-made ones of absorbent cotton. He assured me that he would die, for his strength was failing fast, and what assistance could be given must be rendered immediately. I examined his pulse, found them weak, irregular, and his life in great jeopardy. I remembered of hearing of the hemostatic properties of hamamelis while attending lectures. I prescribed the fluid ext. in ʒ ss. doses every fifteen or twenty minutes, as the emergency of the case demanded. The epistaxis was controlled immediately.

His typhoid developed in a very few days. He passed through the entire attack without a single instance of the hemorrhage returning, and was convalescing, when he had perforation of the bowel, and died before medical aid could be summoned.

The point I wish in this case is to point out the valuableness of hamamelis over other astringents and styptics in this case of epistaxis.—Wm. T. Easley, M. D., in *Med. and Surg. Rep.*

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## *THE EXTERNAL USE OF CHLOROFORM IN LABOR.*

The *Chicago Medical Journal and Examiuer* calls attention to a peculiar method of using chloroform in labor, which originated, it is said, with Dr. A. Svanberg, of Sweden. This doctor claims to have found that, in severe cases of labor where rigidity of the os has caused an obstacle to delivery, the external use of chloroform is very advantageous. His method consists in applying a piece of flannel soaked in a mixture of chloroform and sweet-oil (one to one or two to one) to the abdomen between the symphysis and navel. Then by light strokes over the cloth he makes sure that it is close to the skin. In severe cases (after five minutes) he pours on more of the mixture. After from five to twenty minutes Dr. Svanberg always finds that the rigidity is so much lessened that any desired manipulations, such as turning, may be performed. Five cases are reported, illustrating the efficacy of this measure.

In December, 1877, he, with three other doctors, was called to a labor, in a primapara, rachitic, with small pelvis, transverse presentatioa, with arm protruding. The uterus was firmly contracted around the fœtus, and it was impossible to pass the hand into it, with the view of turning. She was completely anæsthetized, and continued thus for more than an hour without result. A warm bath was given, then again chloroform, but all in vain. At last he proposed to try chloroform externally, and in about fifteen minutes he could proceed with the turning.

This practice of applying chloroform externally in order to relax the parts and permit the introduction of the hand or instruments, is especially recommended to country doctors who have no assistant to give the anæsthetic by inhalation. It is not believed that it will succeed in very severe cases. It is probable that the patient practically gets a good deal of chloroform internally by this method.—*Medical Record.*

## *PERMANGANATE OF POTASSIUM IN GONORRHŒA, LEUCORRHŒA AND SUPPURATING BUBOES.*

Professor Roberts.Barthalow thus writes in the *Medical News*, November, 22, 1884:

In gonorrhœa, leucorrhœa, and suppurating buboes, a strong solution—five to ten grains to the ounce—is an efficient remedy. It has proved to be especially so in gonorrhœa. When the attack is recent, the solution should not be stronger than two grains to the ounce, but the more chronic, the stronger the injection may be made, of course within reasonable limits. In suppurating buboes, the contents of the sac should be drawn off with an aspirator if still intact, or thoroughly evacuated if ruptured, and the cavity filled with the stronger solution mentioned above.

Lacerda's experience with permanganate in snake poison renders it almost certain that in the corresponding poison of syphilis the local application of this remedy at the earliest moment to an infecting chancre may be productive of the best results. In all forms of unhealthy and sloughing syphilitic sores—in sloughing phagedæna, for example—it deserves more extended use than has heretofore been made. Finely pulverized, it can be dusted thoroughly over the diseased surface and introduced into all the sinuosities. By the same mode of application it can be used in lupus and epithelioma, and will, doubtless, be found more effective than the chlorate of potassium, which, applied in this way, has lately been much urged on the attention of the profession.—*Medical and Surgical Reporter.*

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# QUININE SULPHATE.

We take pleasure in being able to offer the profession a device for the exhibition of quinine which presents many points of superiority over any which has been heretofore suggested. By means of our Soft Elastic Capsules the objectionable taste of the drug is, of course, completely concealed, while the ease with which this capsule is swallowed, after it has been lubricated with the saliva, makes it vastly superior to a pill or the hard capsule.

We manufacture two sizes of these Quinine-Filled Soft Elastic Capsules, containing, respectively, 1, 2 and 3 grains, and 4 and 5 grains of the salt. While each of these two sizes contains a different quantity of quinine the bulk of the contents does not vary with the quantity of the drug, the capsule being completely filled, in the case of the smaller quantity, with sugar of milk. Thus in the first size the capsule containing one grain of quinine contains two grains of sugar of milk, and that containing two grains of quinine being filled out with one grain of sugar of milk.

We have been led to put up quinine in this form through the great popularity which our Soft Elastic Liquid-Filled Capsules have achieved in the short period since our introduction of them. For those who are familiar with the latter the Quinine-Filled Soft Elastic Capsules will require no commendation.

An additional advantage possessed by these capsules is the fact that the quinine entering into each one of them is separately weighed before being encapsuled. We are thus enabled to guarantee the absolute correctness of the amount claimed on the label.

These capsules are put in boxes containing 1 doz., 2 doz., 3 doz., and 100 in each. Owing to their soft nature, to put them up in bottles, after the manner of pills or hard capsules, would be to expose them to the risk of molding and to distort their shape.

Both the manufacture and the packing of these capsules require especial care. We, therefore, in order to guard against the imposition of imitators, have sealed each box put up by us, and disclaim any responsibility for any which are taken from a box the seal of which has been broken prior to its coming into the purchaser's possession.

We respectfully ask a trial of these capsules at the hands of the profession, feeling confident of a favorable judgement.

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# COCAINE.

(ERYTHROXYLINE.)

## COCAINE HYDROCHLORATE.

(MURIATE OF COCAINE.)

## COCAINE ALKALOID,
## COCAINE CITRATE,
## COCAINE OLEATE,
## COCAINE SALICYLATE.

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The remarkable discovery announced last October that a solution of muriate of cocaine applied to the conjunctiva of the eye produces complete anæsthesia of that sensitive membrane, has created a demand for the salts of this alkaloid which it has been difficult to supply,

Coca leaves are scarce, and held at a very high figure, and the scarcity is likely to continue for some time. We have, however, been fortunate in securing a supply of leaves of good quality, and are now in position to fill all orders for the alkaloid or its salts.

The extraordinary power of cocaine salts to obtund the sensibility of the delicate membrane of the eye has suggested trial of its powers on other mucous membranes, as those of the throat and respiratory passages, the urethra and genital apparatus, etc., and the results have exceeded the most sanguine expectations. Its almost instantaneous effect in relieving the excruciating pain in otalgia, in some cases of supra-orbital neuralgia—probably of reflex origin—and in toothache, where the nerve is exposed, should secure for it a place in the pocket medicine case of every physician.

Cocaine salts, however, have no appreciable action on the deeper tissues unless given by hypodermic injection, but when so administered are capable of affording great relief in some painful affections. The medical journals are full of accounts of the triumphs of this new local anæsthetic, which is sure to hold a rank hereafter in the materia medica with opium and quinine

We offer the following preparations of cocaine:

### Cocaine Alkaloid.

In 1 gramme vials, per gramme..... $5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Citrate.

In 1 gramme vials, per gramme..... 5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Muriate.

Salt, Amorphous.

In 1 gramme vials, per gramme..... 5 00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Muriate.

2 per cent. solution.

In 1-8 ounce vials, per ounce..... 5.00

### Cocaine Muriate.

4 per cent. solution.

In 1-8 ounce vials, per ounce.....$6.25

### Cocaine Oleate.

Containing 5 per cent. of the alkaloid.

In 1-8 ounce vials, per ounce.... ... 9.00

### Cocaine Salicylate.

In 1 gramme vials, per gramme..... 5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Salicylate.

4 per cent. solution.

In 1-8 ounce vials, per ounce..... 6.25

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## *A VALUABLE DEODORANT AND ANTISEPTIC.*

As a deodorant and antiseptic for the sick-room and dentist's office, Listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and is particularly well-adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution, as a mouth-wash and gargle for aphthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of Listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of "Experiments upon the Strength of Antiseptics," by Dr. A. T. Cabot (*Boston Medical and Surgical Journal*, Nov. 27, 1879), Listerine compares favorably with the most reliable agents for the rapid destruction of micro-organisms.—*The Sanitarian.*

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## *THE ORIGIN OF OPIUM.*

The *Popular Science News* tells us that according to the Bengali legend, there once lived, on the banks of the holy river Ganga, a Rishi, or sage, in whose hut, made of palm leaves, there was a mouse, which became a favorite with the seer, and was endowed by him with the gift of speech. After a while, the mouse, having been frightened by a cat, at its earnest solicitation was changed by Rishi into a cat; then, alarmed by dogs, into a dog; then into an ape; then into a boar; then into an elephant; and finally, being still discontented with its lot, into a beautiful maiden, to whom the sage gave the name of "Postomani," or the "poppy-seed lady." One day, whilst tending her plants, the king approached the Rishi's cottage, and was invited to rest and refresh himself by Postomani, who offered him some delicious fruit. The king, however, struck by the girl's beauty, refused to eat until she had told him her parentage. Postomani, to deceive the king, told him she was a princess, whom the Rishi had found in the woods, and had brought up. The upshot was, that the king made love to the girl, and they were married by the holy sage. She was treated as the favorite queen, and was very happy; but, one day, whilst standing by a well, she turned giddy, fell into the water, and died. The Rishi then appeared before the king, and begged him not to give way to consuming grief, assuring him that the late queen was not of royal blood.

Said he: "She was born a mouse, and, according to her wish, I changed her successively into a cat, a dog, a boar, an elephant. and a lovely girl. Let her body remain in the well; fill up the well with earth. Out of her flesh and bones will grow a tree, which shall be called, after her, 'Posto;' that is, the 'poppy-tree.'" From this tree will be obtained a drug called 'opium,' which will be celebrated through all ages, and which will be swallowed or smoked till the end of time. The opium swallower or smoker will have one quality of each of the animals to which Postomani was transformed. He will be mischevious, like a mouse; fond of milk, like a cat; quarrelsome, like a dog; filthy, like an ape; savage, like a boar; and high-tempered, like a queen."—*Medical and Surgical Reporter.*

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## *A NEW METHOD OF MAKING INTRAVESICAL INJECTIONS, AND ITS VALUE IN THE TREATMENT OF CYSTITIS.*

Some three years ago, while practising in Milwaukee, I was called upon to treat a case of gonorrhœal cystitis in a young man. The case was aggravated and chronic; it had already existed seven weeks, and persisted for ten days longer in my hands without improvement with the usual remedies and rectal suppositories. The urine showed, on standing, a large amount of pus and mucus. In bulk the sediment was about one-fourth of the whole amount of urine in bottle (a four-ounce bottle full). Having no instrument for injecting the bladder, I decided to try a Davidson syringe and inject directly into the bladder per urethra. I first injected warm salt-water into my own bladder to test the feasibility of the plan. The fluid passed in nicely, halting only for two minutes at the sphincter. I then, the next time my patient came, injected his bladder with a solution (100° F.) of potassium chlorate and permanganic acid, injecting ten ounces of the fluid, *without causing my patient the slightest pain or discomfort.* The patient held the fluid about one minute, and the injection was repeated. In all, the bladder was thoroughly washed out four times at this sitting. The same treatment was practiced the next day, and again on the following day, with the result of curing my patient entirely in three days. At least all symptoms disappeared, and my patient had no relapse. About that time I removed from Milwaukee to the country and have only had two similar cases to treat since, in both of which the resulting cure was rapid and permanent; one case being cured in three sittings and the other in five sittings. The injection used is the one I have always used in gonorrhœa.

As I use it it is *entirely unirritating*. I use from one to three drachms of the permanganic acid to a half-saturated solution of potassium chlorate, ʒ xvj. The permanganic acid I made myself after the following formula.

| | | |
|---|---|---|
| ℞. | Potass. permanganate, | grs. ix. |
| | Aqua destil, | ʒ j. |
| Solve et adde | | |
| | Sulphuric acid, C. P., | *m* iij. |

This is not strictly a permanganic acid solution, but it will do.

In this brief note I have not gone into details because I am not at all sure that the title at the head of my paper will hold good upon investigation.

If this method of treating cystitis is new and original, I ask of you to give this paper space in your columns, hoping that some of you New York surgeons will test the treatment thoroughly.—Dr. Robbins in *Medical Record*.

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## *HAZELINE IN MENORRHAGIA.*

In the *Practitioner*, August, 1884, p. 141, Mr. M. Chute describes a valuable remedy for menorrhagia, which is a very frequent ailment in women in Cape Colony. Two drachms of hazeline given twice or thrice a day, will act so quickly that it is not necessary to anticipate the flow; but when menstruation, after it has lasted the ordinary time, is not closing naturally, hazeline, given as above, will effectually restrain it, and after hemorrhage has ceased there is no advantage in continuing the drug. Another good result produced by hazeline is, that it relieves the pain of dysmenorrhœain a very quick and marked manner.—*Medical and Surgical Reporter*.

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## *EMETICS IN HYSTERIA.*

Dr. Peyton Turner, thus writes in the *Texas Courier-Record of Medicine*, November, 1884:

The administration of emetics in hysteria would no doubt be regarded as a rather severe measure by some practitioners, myself for one, were they employed indiscriminately. Obstinate cases, however, present themselves not infrequently, denoted by a recurrence of the convulsions, coma, etc., after restoration to complete consciousness by anti-spasmodics, cold douche, etc., and it is this class of cases in which emetics are especially valuable; in fact, where the usual remedies fail I have been led to believe from experience that the emetic treatment is probably the most efficacious at our command, and more especially when

the paroxysms come on after the ingestion of food. No remedy should be extolled as curative without a reasonable trial of its merits, and to give a medicine we know will vomit alike in every case, would be incompatible with a proper course to pursue, and alike injustice to our patients. We know the effect of emesis on the nervous system, and this would probably explain in a nutshell their manner of controlling hysterical convulsions, and cases do sometimes present themselves in which this treatment is not only justifiable but imperative; and to make their usefulness more apparent, I herewith append a succinct report of several cases:

Case I. I found in a semi-unconscious condition, globus hystericus well-marked, and without delay I gave an emetic, which was followed by free vomiting and a subsidence of all the symptoms. I will presently explain why I gave an emetic in this case.

Case 2. I was called to attend at midnight, and found her in hysterical coma. I managed to get a thimbleful of zinc sulphate down her, and when it began to act, it seemed to restore consciousness and all the normal functions at once, and she forgot to get sick any more that night. This case was a negress.

Case 3. I was called hurriedly to attend a lady at a hotel who was supposed to be dying from the effects of some poison. I diagnosed hysteria. She was having violent convulsions, alternating with coma. In this case I used anti-spasmodics freely without any signal benefit. I then tried the cold douche, which seemed to have a happy effect in ten minutes, but was only momentary; the convulsions would recur with such violence that four men could not hold her. I then tried fifteen grains of zinc sulphate, free vomiting ensued, and a cure was at once effected.

Case 4th was in a similar condition as the last, the usual remedies proved futile in like manner; the sulphate was administered with precisely the same results.

These four cases are the only ones in which I have given emetics, as I always try the common remedies first, and I find them successful in a large majority of the cases.

The first case here mentioned happened in my practice years ago, when I was a *kid*, and was practicing at that time in Louisville, Ky. The woman's husband came after me (probably because he could not get another doctor) in a great hurry, saying for God's sake to come as quick as I could, as his wife was about to strangulate. This threw me completely off my guard, and as I had just "hung out my shingle," I was more than anxious to go with him, and was ready at a moment's notice. It was about four blocks to his house, and sure enough

I found the lady as I thought strangling to death, and grabbing at her throat as if she wanted to tear the trachea out by the roots. It scared me within an inch of my life; she was moaning terribly, and I studied what in the——could be the matter with her. I tried to look very knowing, and her husband partly relieved my embarrassment by telling me she *ate an apple the day before*, and may be the core had lodged in her throat. I examined her throat, but could see no *core*, not even a red spot that I could tell him was a *pathological condition of the capillary blood vessels*, but I told him the core was further down than I could see, and that an emetic would be the most scientific treatment; so I prescribed zinc sulphate, and, after explaining to him how it would produce *inverted peristaltic œsophageal action*, took my departure, after assuring him that I would return about the time this action was taking place. I went back to my office as quick as I could, (I almost ran when out of sight), got my medical works, and glanced hurriedly over the articles on *foreign bodies in the air passages*, but they did not seem to fit the case. My time being up, I went back, and found the inverted action of the cardia and œsophagus taking place as I told him it would, and after free emesis the patient was all right. A little girl stepped up to the bed and said, "Lor' me! Ma's got so she can talk since the doctor come."

These little incidents in mistaken diagnosis serve to remove the motes from our eyes, banish self-conceit, enliven us to the responsibility of our profession, substitute a further desire for investigation and knowlege, and we should ever be ready and willing to acknowledge the corn and be profited thereby.

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## *HOW A PATIENT MAY WASH OUT HIS OWN BLADDER.*

In the *Lancet*, October, 1884, p. 675, Mr. Buckston Browne describes a simple method by which a patient can wash out his own bladder. A diagram is given which helps to explain the action of the instrument. A simple bifurcated brass tube, without valve or stopcock, has one end fixed to a Higginson's syringe; the nozzle is fixed at the other end to a catheter in the bladder. The fluid is gently injected into the bladder by squeezing the ball of the syringe, whilst a finger is placed over the open end of the bifurcated tube; when the finger is removed the contents of the bladder escape, or fresh injections can be made into the bladder, and then allowed to flow away at pleasure. By this means a patient is able to wash out his own bladder with ease.—*Medical and Surgical Reporter.*

## *A CASE OF GASTRIC ULCER OR CANCER.*

HAVING had under my care for the past eight months a case of considerable interest to me, and thinking it might be of some interest to your numerous readers, I will send you a report of the same for publication in your journal.

On the sixteenth of last February was called to see Mrs. M., 42 years of age, widow, mother of five children, the youngest ten. Her health, to the time of the beginning of the present illness, had always been good. For about one year previous to my first visit she had symptoms of indigestion, such as acidity of the stomach, pain in the epigastric region, which was increased after eating, and not relieved until the stomach was emptied either by an emetic or spontaneous vomiting; she also had constipated bowels, and loss of strength and appetite.

Her symptoms at this time (my first visit) were pain of a sharp, lancinating character, over the region of the stomach, extending through to the back, tenderness on pressure over the epigastric and hypochondriac regions; her tongue was slightly coated, bowels constipated, pulse and temperature normal; her stomach would not retain any food whatever. If the smallest quantity of any food was taken, the pain and uneasiness would be greatly increased until it was all ejected.

The skin had an earthy, jaundiced appearance, and there was considerable loss of strength, but not much emaciation. She stated that menstruation was normal in every respect.

As regards the pain, there seemed to be no distinct remission, only that it was not so severe when the stomach was entirely empty. On account of her obese condition no tumor or enlargement of any kind could be detected in the region of the stomach. Here, then, was the question: Was this a case of chronic ulcer of the stomach, or one of pyloric cancer? That it was one or the other I felt confident, and concluded that the subsequent symptoms and course of the case would decide that, and waited for future developments. There was no history of hereditary cancer, no cancerous cachexia, not even loss of flesh to any great extent; yet the persistent and lancinating character of the pain, its unremitting nature, with the extreme acidity of the stomach, would point in that direction. The vomited matter had at times the peculiar coffee-ground look, said to be characteristic of cancer.

It is now eight months since my first visit, and during that time she has had all the symptoms presented when first seen, but in a more aggravated form. In addition, she has on several occasions vomited two or three ounces of blood; has passed blood

from the bowels, has emaciated considerably, but not rapidly enough for cancer.

During the first five months her stomach would not retain any food whatever, not even water at times; and during most of this time she was confined to bed, the pain has been excrutiating at times, at others more of a dull, knawing character. She was seen at different times by a number of my professional friends, but no one would be positive in his diagnosis; it was either ulcer or cancer, not likely the latter, *because* they could not detect a tumor through two inches of adipose tissue on the abdomen.

About four weeks ago she began to improve, the pain and uneasiness gradually proving less, vomiting very rarely, gradually returning strength, remaining out of bed most of the day, and on several occasions walked several squares away from home.

As regards the treatment, which is I think the most interesting part of this case, in the way of medication my first endeavor was to quiet the stomach and control the pain by sulphate of morphia, Subnit. of bismuth, dilut. hydrocyanic acid, Fowler's solution, wine of ipecac in drop doses, nitrate of silver, etc., in fact the whole list of medicines calculated to control such a rebellious stomach; but one was as good as another, and none did any good.

As regards food, she was given beef tea, peptonized milk, milk and lime water, raw beef juice, etc., all of which increased the pain and uneasiness and were rejected almost as soon as swallowed.

It was then decided to give the stomach an entire rest from all food or medicine, to control, if possible, the pain by the hyperdomatic injection of morphia, and to sustain her by rectal alimentation. For *three months* she received four injections during every twenty-four hours of four ounces of beef essence, milk with raw egg and mutton broth, changing from one to the other in the same manner as if it were taken by the mouth.

To sustain the life of a patient for a period of three months by rectal feeding alone, under any other circumstances, would hardly have been possible; but in this case the absorption of adipose tissue and the feeding combined would, I think, have sustained her even longer.

Under this treatment the stomach would not become entirely quiet, the retching, vomiting, and pain continued, although not as severely as when food was taken by the mouth; so that even this could not be considered a success.

About two months ago my attention was directed to the beef peptonoid manufactured by Reed & Carnrick, and I concluded to see what it would do for my patient. She was directed to

take two teaspoonfuls of the peptonoid in a cup of hot water, four times a day, and discontinue the rectal injections.

She has taken nothing but the peptonoid since, has retained nearly every portion taken; states that it produces an agreeable sensation in the stomach; the pain is growing less, vomits rarely, and is beginning to have a little appetite for other food; the appearance of the tongue is natural, color of the face much better, sleeps well most of the night, requires very little morphia, and is gaining strength—in fact, is apparently recovering—all of which would go far towards excluding the question of cancer, and confirming the diagnosis of gastric ulcer.—D. A. Hengst, M.D., in *Medical and Surgical Reporter*.

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## *A NEW METHOD OF DIAGNOSING PREGNANCY IN THE EARLY MONTHS.*

The sign on which Professor Hegar comments (*Annales de Gynecologie*, September, 1884,) is a peculiar softness, a certain subtileness, and a thinning of the lower segment of the uterus—i. e., of the part of the uterus which is immediately above the insertion of the sacral uterine ligaments. This condition can be easily verified, not only when the uterus is resistant, as is usual, but still more so when it is elastic and soft. Even in these cases it is possible, by depressing the lower part of the uterus, to distinguish it from the superior portions, and from the rigid cervix. The softness of this part is such that one might imagine that the cervix was simply in contact with a pelvic or abdominal tumor. We do not know what pathological condition of the womb can present such symptoms. The cause of this remarkable sign exists in the fact that the inferior segment of the uterus becomes during pregnancy the finest part, the softest and most elastic. It thence results that, in practicing the rectal touch with abdominal palpation, it is possible to feel between the fingers this portion of the uterus, with the characters it presents.

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## *STONE IN THE BLADDER AND KIDNEYS.*

I have had under my care a case that possesses features of interest. Five or six years ago I was called to see Mrs. R., age about thirty-eight, symptoms denoting stone in the bladder, which was verified by exploration.

Assisted by several physicians, we succeeded in extracting a large calculus. Her health remained fairly good up to this spring, when she again commenced suffering severe aching pains in her kidneys accompanied by considerable general irritation of

the urinary organs and ascites, probably resulting therefrom; vainly seeking relief by the advice of friends in the use of certain well known patent medicines, much of which had been used before medical attendance was sought. A careful examination of the bladder revealed no stone, but suspecting one in the kidneys, I prescribed Lambert's Lithiated Hydrangea in one or two drachm doses four times daily, and before eight ounces had been taken, more than twenty small calculi were passed, having the appearance of being components of one calculus dissolved and disintegrated. So far as the pain in the kidneys was concerned, her relief was immediate, and the dropsical condition materially improved. This relief continues permanent, and indicates the efficacy of Lithiated-Hydrangea in such extreme cases, as well as in all morbid urinary conditions, for it has never yet failed in my hands.—J. M. ARMSTRONG, M.D., in *Peoria Medical Monthly*.

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## *ONE OF THE CAUSES OF NIGHTMARE.*

ESPECIALLY older persons are frequently suffering from restlessness at night due to nightmare. Rheumatic and gouty individuals seem to complain oftener of this disturbance of their sleep than others. Generally increase of arterial pressure or venous stasis in the circulation of the brain is mentioned as a pathogenic cause, and the patient accordingly treated. Rarely a careful examination is made, and a case, reported by Dr. Th. Clemens, of Frankfort-on-Main, (*Aug. Med. Central Zeit.*, September 3, 1884), may, therefore, be specially interesting, and at the same time highly instructive.

H. C., aged 58, consulted C. on account of gradually increasing nightmare, which troubled him during sleep. The patient, suffering from gouty symptom, had for years been the victim of heavy dreams. For the last few months these dreams have, however, assumed the character of nightmare, and been so disagreeable as to produce in the patient a dread of going to bed. His wife, who sleeps in the same room, describes the condition of her husband during the night as a deep, anxious moaning, which, if the patient is loudly spoken to and shaken, ends in a loud, inarticulate cry—a genuine nightmare, therefore. The next morning after such a night, the patient feels feeble and complains of a general lassitude, and the condition of his mind during such a forenoon is called by himself, a melancholic one. These attacks, happening without any apparent reason, and even when the supper had consisted of the blandest diet, usually set in from three to four times a week, and many different reme-

dies for it have been tried in vain. The patient inquired of the doctor, whether electricity might not relieve him of these annoying seizures. The physical examination of the very robust patient indicated an impulse of the heart rather feeble, considering his vigorous build, without awakening the suspicion of a fatty heart, as nowhere an increase of adipose tissue could be noted. Several mornings after such a night of dread, the urine has been found to contain albumen. The patient, a very thirsty individual, used a great deal of soda-water, beer, and cider, and lived well, without leading a specially unreasonable existence. As there seemed to be very little tendency to perspiration, the quantity of the urine was augmented, but with the occasional exception noted, no albumen or sugar was found, though the reaction was very acid. No organic lesion was to be discovered, nor could the morbid symptoms be attributed to any depressing mental influence. Supposing that the action of the heart already being feeble—probably in consequence of its diminished excitation by the gouty blood—a stasis in the blood, no matter how produced accidentally, might thus impede it, and cause these attacks, C. ordered climbing mountains and dry diet. After three o'clock in the afternoon the patient was not permitted to drink a drop of any fluid; for supper he was advised to take salad with plenty of vinegar, cold meats, and toasted white bread. Within one week the nightmare ceased to recur; albumen was no longer detected in the morning urine, and the patient recovered his general health, and lost his dread of going to bed at night.

While the above case is doubtless an interesting one, we cannot see how the treatment adopted, no matter how successful, agrees with the diagnosis of the case. It seems to us as if this way of reasoning is very similar to the one which recommends as a radical cure of dropsy the withdrawal of all fluid diet.

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## *MURIATE OF COCAINE IN HAY FEVER.*

Like all other new and fashionable remedies, the muriate of cocaine is being credited with the possession of a great variety of therapeutic properties. In addition to its anæsthetic effects, Dr. F. H. Bosworth, of New York, writes to the *Med. Record* (November 15, 1884,) that he has found that when applied to the mucous membrane it is followed in about twenty or thirty seconds by a very notable contraction in the venous sinuses underlying the part which it reaches; and as the application is continued over the whole membrane covering the lower and middle turbinated bones, these sinuses become so rigidly con-

tracted that all the blood which they may have contained is absolutely expelled, and the membrane clings closely to the bony structures, which then become visible in absolnte outline.

Therefore, he concludes that we have a therapeutic agent of inestimable importance, and which he has every reason to believe will be efficient:

1. To control the exacerbation of hay fever.

2. To relieve the most distressing symptoms of an acute coryza and curtail its duration.

3. To control the painful and distressing reaction which results from the use of caustics or instruments in the nasal cavity.

4. To completely empty the venous sinuses of the nasal mucous membrane, and thereby afford a thorough ocular inspection of the cavities.

5. To largely eliminate from our minor operations in the nasal cavities the troublesome hemorrhage which so often occurs, and to control epistaxis from whatever cause.

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## *DOES MALE COPULATION WITHOUT EMISSION INJURE FEMALE HEALTH?*

The *Medical News*, August 30, 1884, says: It has been commonly believed that if the act of sexual intercourse is incomplete, by not ending in the discharge of seminal fluid within the sexual organs of the female, uterine disease is liable to result. Some writers have even gone so far as to assert that malignant disease of the neck of the womb could thus be caused. The sin of Onan was again denounced; conjugal onanism was assailed with a new weapon, and the thunderbolts of physiological vengeance were launched against the unhappy women who permitted sexual intercourse without having the womb "refreshed and soothed" by half a teaspoonful or so of one of the cheapest of human secretions. Onanism is abominable, unnatural, and there is enough ground for its absolute condemation without involving the help of an improbable hypothesis or downright error.

Ten years ago Bertillon, writing upon *Hygiene Matrimoniale*, declared that the assertion as to the beneficial influence of the spermatic fluid upon the uterus had no scientific ground, and justly criticised the hypothesis. Nevertheless, the assertion would not die; it was vitalized by the faith and proclamation of too many doctors, and has still kept rising to the surface of periodical medical literature at occasional intervals. But now, as we think, Dr. Van de Warker has given it the *coup de grace*. This able investigator and accomplished gynæcologist has published in the *American Journal of Obstetrics* for August an im-

portant paper entitled "A Gynæcological Study of the Oneida Community," and the influence of non-ejaculation upon the health of women is one of the topics considered. The rule of non-emission was observed in sexual intercourse in the Oneida Community, and in such continence, more unnatural than conjugal onanism, no discharge of semen takes place either before or after the withdrawal of the penis. Now it plainly follows that if the influence of the seminal fluid upon the cervix is so necessary for the healthy state of the womb, those women of the Community whose wombs had been for years repeatedly subjected to the venereal orgasm—in some cases intercourse took place oftener than seven times a week, a more than brutal licentiousness—and had not had a drop of seminal fluid in all this time to refresh and protect them from disease, those women ought to have shown a great prevalence of uterine disease.

Seven years ago Dr. Van de Warker was asked to examine the adult female members of the Community with reference to the possible injurious effects of the sexual practices observed. In answer to this request he began such examination, but after one-fourth of the members had been subjected to it, it was stopped by order of the head of the organization. Nevertheless, enough was learned by the examinations that were made to justify Dr. Van de Warker in stating that he could discover "nothing but negative evidence as to the effect of male continence upon the health of the Community."

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## *A PECULIAR SHAPED PLACENTA OBSTRUCTING LABOR.*

Dr. Wm. Baxter reports this instructive case in the *Lancet*, September 20, 1884:

Mrs. W., aged thirty-five, multipara, was confined on Sunday, September 7. The child was born at 4 P. M., and after waiting the usual time, "expression" of the placenta was tried, after Crede's method. The uterus was well contracted under the hand, but appeared somewhat enlarged. After adopting this procedure for about twenty minutes, and finding that the placenta was not expelled, a vaginal examination was made. The placenta was found well down in the vagina, the examining finger almost reaching its inner extremity. Gentle traction on the cord was now resorted to; and, finding this useless, after a while strong traction was made, but all to no purpose. Being puzzled at this prolonged retention in the vagina, a more thorough search for its cause was about being made, when the placenta was suddenly expelled, to be followed almost immediately by a supple-

mentary one, to which it was attached by a fibrous cord about four inches long. On examination the first placenta was found to be very large, and of the "battledore" variety. The second or supplementary mass was rudimentary in structure, and appeared to be a quarter the size of the placenta proper. The fibrous band which connected them was pretty strong, and on carefully examining it a vascular communication between the placentæ was discovered running through its centre. This anomaly explained the retention of the placenta proper in the vagina, it being held there by its communication with the supplementary mass, which had not yet been expelled from the uterine cavity.

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## *TREATMENT OF GONORRHŒA.*

Dr. J. W. Lilly, of Pomeroy, Ohio, having been repeatedly disappointed, as we all are, in the treatment of gonorrhœa, cast about him for some reliable remedy, and as a result he publishes the following formula in the *Cincinnati Lancet and Clinic*, October 18, 1884. He claims that it will give entire satisfaction, if used as directed:

| | | |
|---|---|---|
| ℞. | Hydrastin, | gr. ss. |
| | Boracic acid, | gr. iss. |
| | Morph. acetate, | gr. 1-8. |
| | Chlor. sodium, | gr. j. |

Pure cocoa butter q. s. to make bougie three inches long.

His method of using it is, first have patient urinate, then cleanse the urethra with *starch water*, after which introduce bougie. Continue this morning and evening until the discharge ceases (which it does in from two to five days), and then one each evening for five evenings more.

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## *EPISTAXIS—HOW TO CHECK IT.*

It is a matter of no small consequence to know how to check promptly hemorrhage from the nose. Occasionally we meet with patients almost exsanguinated from epistaxis, and it is apparent that we must stop the flow soon or the patient must die. The late Dr. S. D. Gross, America's great surgeon, states in his work on surgery that he witnessed no less than three persons who died from this cause. It may be the result of a blow upon the nose, plethora of the system, or the want of coagulability of the blood. It occasionally occurs in fevers, when patients are already greatly depressed, and cannot stand much loss of blood. Then it is exceedingly important that the flow be speedily stopped.

I will not recapitulate the methods laid down in works on the subject. That information is accessible to all. I will merely give one method, which, if laid down in any book I have not seen, but which I regard as most important, as it has never failed me. It is the plugging the whole length of the nares with a piece of fat bacon or fat salt pork. I cut the meat long enough to plug the whole cavity from which the blood flows and smooth so that it can be pushed in with a twist. I tie a short string to it, so that it can be pulled out when desired. I sometimes put a piece of adhesive strip across the end of the nose and meat to prevent it slipping out, and I will state a few cases to show how effective it has proven with me.

Case I. Mr.——had been sick with typho-malarial fever two weeks or more. Was very feeble. I was called hastily to see him, and found him bleeding from the nose in fast drops—almost a stream. He had been bleeding nearly an hour, and was almost exhausted. I immediately began to plug his nose, but for the first time in my life, it failed to completely stop the flow. It continued to drop, but very much slower. No time could now be spared. He was almost beyond hope. I ordered some fat bacon, from which I cut a plug for each cavity, as both were bleeding. I inserted them, and in less than a minute the hemorrhage had completely stopped.

Case II. Was a bright little boy, six years old, who had been sick with typho-malarial fever, two or three weeks. A profuse epistaxis properly alarmed his parents, when they dispatched in haste for me, and I plugged the nasal cavities as soon as I could with the fat meat, and was rejoiced to see my efforts succeed at once.

Case III. Was Mrs.——, who had been bleeding for an hour or so when I visited her. I at once adopted the same kind of measures, which stopped the flow promptly, to the great delight of the family, as they had tried every measure known to them without success.

I have tried this method in several cases besides the ones mentioned above, and have yet to record the first failure.—Dr. H. Perdue, in *Medical and Surgical Reporter*.

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## *WHICH WAS THE GREATER "JACKASS."*

Under this peculiar title the *Weekly Medical Review* very well puts the popular idea, that a physician, to be of any worth, must be able to at once diagnose and cure every case of disease that is presented to him, and it says, "Under the title of 'Carlyle and his Dyspepsia,' the *Columbus Medical Journal* tells us:

"In his 'Reminiscences,' Carlyle tells how he once rode sixty miles to Edinburgh 'to consult a doctor, having at last reduced my complexities to a single question—Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put; got response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found, after long months, that I might as well have ridden sixty miles in the opposite direction, and poured my sorrows into the long hairy ear of the first jackass I came upon, as into this medical man's, whose name I will not mention."

"Who was the greater jackass? Certainly Carlyle. To think that a man of supposed learning and reflection could think it possible to settle a question of dyspepsia with a single response. Certainly the physician was wise in suggesting one thing at a time, and this item will contribute with many others to show up an over-estimated man."

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## *AN OYSTER MISTAKEN FOR A MALIGNANT GROWTH.*

Dr. Theobald relates the following incident at one of the Baltimore medical societies, according to the *Archives of Ophthalmology*. A patient having suffered from some obscure symptoms sought medical advice for the relief of her suffering. A suspicious looking mass was discovered blocking up the posterior nares. This was removed without difficulty, having, apparently, sloughed off from its former attachments. The supposed neoplasm being regarded as probably of a malignant character, it was deemed of the first importance that its histological structure should be made out. A portion of the tissue was teased out and submitted to a microscopical examination. This completed, the growth was exhibited to the society in question, its histological characteristics were duly set forth, and the clinical facts of the case related. An animated discussion followed, and more than one hypothesis was advanced to account for the unusual features which the case presented. While this was in progress, an inquisitive individual, with microscopical proclivities, inspected the tumor with more care than had previously been thought requisite. The debate was suddenly cut short by the announcement that the suspicious neoplasm was, after all, but a half-digested oyster, a harmless specimen of our should-be familiar bivalve, which, probably, during a previous spell of vomiting, had become lodged at the point where it was discovered.

## *CHLOROFORM AND CROTON OIL FOR TAPE WORM.*

The experience of Dr. Bernard Persh, a hospital steward in the United States army, was not unique, when he tried and failed with nearly every remedy that has ever been recommended to remove tape worm. Finely, some one suggested to him the use of chloroform and croton oil, which removed his own tape worm in less than an hour. He has since given, or seen it given, to twenty cases, with most satisfactory results. He suspends one drop of croton oil and a drachm of chloroform in one ounce of glycerine; this to constitute one dose. The medicine is best given in the morning before breakfast, and no preparatory treatment is required, except half an ounce of Rochelle salt on the evening preceding the removal. The preliminary laxative is not necessary to effect a cure, and it was omitted in several cases: but its administration facilitates the examination of the evacuations, prevents breaking up the worm by hard feces, and allows the parasite to pass more quickly through the intestines after becoming detached. The medicine is not unpleasant to take, and acts quickly. If any intestinal irritation is caused, it may be controlled with bismuth and opium after the expulsion of the worm.

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## *A PLEASANT QUININE MIXTURE FOR CHILDREN.*

The *Canada Lancet* says that a most pleasant and palatable disguise for quinine may be extemporized as follows:

| | | |
|---|---|---|
| ℞. | Quiniæ sulph., | gr. xj. |
| | Acidi tannic, | gr. xx. |
| | Tinct. opii camph., | ʒ ss. |
| | Tinct. cinchonæ, | ʒ ss. |
| | Spts. lavand. co., | ʒ iij. |
| | Syrup simp., ad. | ʒ iv. |

M.

Shake well before using. The dose will be usually one teaspoonful three times a day, but the amount of quinia desired to be administered should govern the size of the dose. It will make a beautifully creamy mixture, if the quinia and tannin are rubbed together on a pill tile or a sheet of paper with a spatula until all lumps disappear, then put in a suitable bottle and first add the paregoric, shaking at once, then the cinchona and lavender, followed by the syrup.

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

FOR

CONSUMPTION

AND

WASTING DISEASES

# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ⅒ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H C BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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# IMPORTANT!

## *GREEN DRUG*

# FLUID EXTRACTS,

## OR NORMAL TINCTURES.

## THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL CO. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL CO. challenge comparison as to solubility, purity of ingredients and coating, and beauty of finish.

### Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

### Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Dnrand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | |
|---|---|---|
| Approximate Solubility in Cold Water, | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | 12 | " 1 oz. |
| " " " Alcohol, | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, grs. x.
Mucilage Acacia, oz. i. j. } Mix.
Aqua Rosæ, oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, 1-4 gr.
Podophyllin, 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

### Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introdueed by us. The indieation for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of tnis salt.

### Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

### Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

### Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

### Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

### Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

### Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

**B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.**

## *MASSAGE IN STRICTURE.*

THERE is no doubt that many an old product of chronic inflammation has been absorbed in consequence of skillful massage. We have seen several cases, when cause and effect in this respect were too plain to be denied. In one case, where a false anchylosis was due to infiltration of the soft parts surroundiug the knee-joint, and where the disease, having followed an accidental contusion, had lasted for over three years, the best surgeons in the city had tried in vain every possible remedy and remedial procedure, to cause absorption. No drug, that by external application might induce absorption, had been left untried, every known counter-irritation had been applied, the actual cautery been made use of, and the joint been stretched under ether, but all to no purpose. Finally one of our most eminent professors of surgery handed the case over to a manipulator, and within six weeks every residue of the disease had disappeared.

We mention these facts to show that we have confidence in manipulation. But we doubt somewhat the following, though we report it that others may try it. Dr. Geza v. Antal (*Cbl. f. Chir.*, 1884, No. 23) has published six cases where the stricture of the urethra was cured by massage. The applications lasted eight to ten minutes, and were made daily; in case of stricture of the cavernous part the manipulation was done over the skin, while in affections of the deeper part it was practiced from the rectum by simply passing two fingers, with slight pressure, up and down the diseased part of the urethra. It is said that very few applications were necessary to insure a cure. It is not said whether the strictures were callous or not, though we suppose they were dilatable. It is mentioned, however, that no other treatment was pursued.—*Med. and Surg. Rep.*

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## *A NEW TREATMENT OF STRANGULATED HEMORRHOIDS.*

FROM the *Med. Press*, September 24, 1884, we learn that M. Charles Monod has written to the *Gazette des Hopitaux* an article on a new treatment of strangulated hemorrhoids which he has put in practice with the greatest success. This treatment consists in forcibly dilating the anus, as in case of fissure. M. Verneuil had already recommended this method for the cure of simple piles, and has been followed by most of the young surgeons, who have entirely abandoned every other treatment. To effect the dilatation, M. Verneuil employed specula of different dimensions, and only in the case, as has just been stated, of the ordinary condition of hemorrhoids. On the contrary, he says that "when then the piles are the seat of sphacelus, he always

waited until the complication disappeared." M. Monod, who has imitated M. Verneuil with the best results in those simple cases, goes still farther, and instead of regarding strangulation as a counter-indication to the operation, considers that this fact renders it the more necessary. He cites a case in point. Being called by one of his *confreres* to see a gentleman who had been suffering excruciating agony for two days from strangulated piles, and on whom ice fomentations, narcotics *intus* and *extra* were tried without effect. Local examination showed no more than is ordinary in such cases—a ring of tumefied external hemorrhoids surrounding a packet of internal turgescent hemorrhoids, with a dark spot in the centre, announcing the commencement of sphacelus. The least touch was painful, and the patient demanded relief at any price. A partisan of the treatment of hemorrhoids in general by dilatation, he thought that he would be doing right in employing it in the present case, knowing that by suppressing the action of the sphincter the pain would cease. Accordingly, the patient was put under the influence of chloroform, and the hemorrhoidal tumors reduced, and then M. Monod largely dilated the anus with his fingers. A few minutes afterwards the patient awoke free from all pain, and in a few days he had the satisfaction of not only feeling that the strangulation had entirely disappeared, but that he was for ever quit of his piles. This case of M. Monod's proves that the hand dilates just as well as the speculum, and consequently the operation is reduced to its simplest expression.

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## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

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### *THE PROPOSED MEDICAL BOARD.*

We learn that a committee, of which Henry O. Marcy, M.D., is announced as the secretary, has prepared a bill for submission to the proper legislative committee, "Establishing a Board of Medical Examiners in the State of Massachusetts." The first sections of the bill provide that "there shall be established a board of medical examiners consisting of nine men, appointed by the governor and council. They shall be graduates of a legally chartered college or university having the power to confer medical degrees, and shall have been actively employed in the prac-

tice of their profession for not less than ten years, and none of them shall in any manner have been connected with any medical school or college. This board shall be appointed and organized by the first day of July, 1885, and the appointees shall be designated for terms of service, three for three years, three for four years and three for five years each." The third section is as follows:

The following persons and no others shall be permitted to practice medicine, surgery or dentistry after this act shall take effect. 1.—All persons who are graduates of a legally chartered medical or dental college. Each such person shall present his diploma to the said board of medical examiners, and if the same be found to be genuine and was issued by such college as is hereinbefore mentioned, and the person presenting the same be the graduate named therein, said board shall issue and deliver to said applicant a certificate to that effect, and such diploma or certificate shall entitle the person named therein to practise medicine, surgery or dentistry in all its departments in the State of Massachusetts. 2.—All persons who have practised medicine, surgery or dentistry in this State continuously for the period of 10 years prior to the first day of July, 1885. Every such person shall make and file with the said board of medical examiners an affidavit of the number of years he has continuously practised in the State of Massachusetts. If the number of years therein stated be 10 or more, the board shall, unless they ascertain such affidavit to be false, give him a diploma or certificate to that fact and thereby authorize him to practise medicine, surgery or dentistry.

By further provisions of the bill, every person who is not such graduate, and who has not practised in this State for a period of 10 years, desiring to practise medicine, surgery or dentistry in the State, shall present himself for examination before the board, and if, upon examination, they find such person qualified to practise medicine, surgery or dentistry, they shall grant him a diploma or certificate to that effect, and thereafter he shall have the right to practise in the State. Each candidate for examination shall pay to the board of examiners a fee of $20, which shall not be returned if a certificate be refused; but candidates may at any time within one year after such refusal present themselves for examination without the payment of an additional fee. After July 1, 1886, the board shall examine all applicants for license to practise medicine, surgery or dentistry. The approval of a

majority of the board shall be necessary to grant a license, and the penalty for practising without a license is fixed at a fine of not less than $50 nor more than $500, or imprisonment in jail not less than a month nor more than a year. Filing the diplomas of others is punished more severely. Persons are regarded as practising who profess to prescribe for the sick or append the letters "M. D." to their names. The salary of the members of the board of medical examiners is fixed at not more than $500, except that of the secretary, which shall not exceed $1500.

We have heard but little said concerning this bill, but there are those who believe that there are two sides to the question, and the other side of the subject is set forth in a numerously signed remonstrance against the above petition, and it reads thus: (We copy from the *Boston Record.*)

"We, the undersigned citizens of Massachusetts, believing that the laws against malpractice, etc., now upon the statute books will, if enforced, effectually protect the people of this State against deception and misdemeanor connected with the healing art, whether the system of practice be known by the name of "regular" or "irregular;" and believing that no one mode of eradicating disease embodies all of truth and science in remedial practice (and that hence no infallible standard of cure is yet established), earnestly desire that all modes of healing the sick shall be left free, and on a standing of equality before the law, in this State, subject to the same rewards and penalties;

Therefore we request that your honorable bodies, in General Court assembled, will not allow yourselves to be made instrumental in passing any restrictive and self-seeking medical law, framed in the interests of so-called "regulars" in medical practice, which are aimed at the dearest rights of the "irregulars" in the State of Massachusetts aforesaid—a law that will deprive the people of this Commonwealth of their constitutional privilege of employing any practitioner they may prefer, or mode of treatment that they may have confidence in or may desire, when disease afflicts either themselves or their families."

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## *A. C. E.*

A CORRESPONDENT asks us for information concerning the compound known as the "A. C. E. Mixture;" what the ingredients are and their proportion; and what advantage, if any, the mixture has over pure ether or chloroform. The mixture in question

is composed of alcohol, one part; chloroform, two parts; and ether, three parts, and is easily remembered by taking the initials in the order of the alphabet, A. C. E., the corresponding number of parts being 1, 2, 3. Its advantages are,—the small quantity required; the rapidity of its action; the shortness of its stage of excitement (it often being wanting entirely); the absence of disturbing after effects; its comparative safety—over chloroform; being compounded in definite proportions, it can be scientifically administered; the pungent, stiffling odor of the ether, and the burning sensation of the chloroform, are to a great extent overcome; the sedative effects of the chloroform are modified by the exciting influence of the ether; while to both is added the stimulant alcohol. It is extensively used on the Continent, and its use there has abundantly proven the correctness of the theory on which it was first compounded.

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## *THE COLOR LINE IN MATERNAL IMPRESSIONS.*

That cases do occur in which certain malformations seem to be the result of a mental impression made upon the mother, cannot be denied, but it is also true that a large proportion of such cases are only coincidences. The following case which comes to our knowledge through another physician affords a laughable example of the general superstition connected with the subject. The physician was called to attend a German woman in her confinement. It seems that during her pregnancy she had been startled in some way by a colored man. From that time both her husband and herself had entertained great fears, lest, as a result of the fright, the offspring would be in some way "marked." Nothing, however, was said to the doctor on the subject until after the delivery.

It so happened that the case was one of "face presentation." After rather a severe labor, she was delivered of a healthy looking infant; but the face and head presented strongly the appearance familiar to all obstetric physicians, when such abnormal presentations occur. The mother asked at once if the child was "all right." The doctor replied, "yes,"—but at that instant a howl of despair arose from the father, who had caught sight of

the congested and distorted face of the child. That it was a "nigger" was manifest! And the uproar that arose in that household baffled for a long time all the doctor's ingenuity and slender acquirements in the German tongue to overcome. The mother would not have the child in bed with her, and the father would never have such a monster grow up in his family! Finally, with the help of a neighboring woman, the doctor had the poor babe suitably cared for; and to prevent its being made way with after the doctor left, the woman was instructed to keep the child in her possession, night and day, till its improved appearance satisfied the distressed parents that it was not of "the colored persuasion."

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## *GOOD GLASS IS BETTER THAN RUBBER.*

In his article on the use of liquor bismuthi in certain diseases of the mucous passages, in this issue, Dr. Miles advises the use of rubber syringes instead of glass ones on account of the liability of the latter to break. That this is true of glass syringes as a rule, no one will attempt to deny, but it is not true of all. "There is glass and there is *glass*." For instance, among our "household effects" is a lamp chimney which has been in almost constant use for over four years. It was bought, and used for many months, in Vienna, and then, as there was plenty of room and "it would not eat anything," it was packed and brought to London where it was again used for some time, and again re-packed—with no particular care—and brought to this country, where it has had the careful (?) handling which such things usually get, yet is as perfect as the day it was bought. That is "*glass* as is glass," and simply shows how much good glass will stand. We are aware that many physicians have abandoned the use of glass syringes because of their liability to break, and now employ the less convenient and more expensive ones made of hard rubber. Glass syringes are decidedly more convenient than rubber ones, since one can see the contents which are being injected, or the nature of the fluid that is being withdrawn. They are also much less expensive, and more easily cleaned. The fault with the ordinary syringe it is that is made of inferior glass,—made to sell

and not to use,—but P. J. McElroy, of Cambridge, however, makes glass syringes, of all sizes and shapes, which we can heartily recommend for we have used them for years, and without a single mishap. They are constructed of the best material, and are every way reliable. Each one bears a *red* label and the maker's name and address. They received the highest premium at the Centennial, and are undoubtedly the best. Ask your druggist to get McElroy's for you.

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## *POSTSCRIPT TO PROF. KING'S ARTICLE.*

The following was received too late for insertion in its proper place, we therefore place it here:

"Since having written the foregoing review, I have learned of the decision of Judge Noonan of the Court of Correction, Missouri, in a similar case. He dismissed the case at once, as the law forming a State Board of Health was unconstitutional. 'Courts alone are empowered to try criminals, and not Boards of Health.' I am in hopes the entire decision will be before the profession at an early day. We want more of such fearless, upright, true American judges. King."

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## *TREATMENT OF CHOLERA.*

In view of the expected visit of the cholera to this country during the coming year, any contribution to medical literature, bearing upon the treatment of this disease, should receive careful and earnest consideration on the part of the medical profession.

By the researches of Dr. Koch, it is now known that acids are most useful to kill the cholera microbe, and have been successfully employed by the profession in Europe.

Dr. Chas. Gatchell, of Chicago, in his "Treatment of Cholera," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an acid reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recom-

mended, will also tend to invigorate the system and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

The following case is reported from Bankok, Siam, and may be relied on as authentic: About three months ago a native was attacked with cholera. An American missionary attended him, and administered all medicines he could, but at last the man was so far gone that they gave up all hopes of recovery, and would do no more. Relatives of the patient begging the doctor not to give him up as lost, the doctor thought of Horsford's Acid Phosphate. After the second dose the patient commenced to revive, and in six hours after, he was pronounced out of danger.

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## *EXCURSIONS TO EUROPE.*

A NUMBER of attractive excursions during the coming Spring and Summer are announced by Messrs. Thos. Cook & Son, the well known tourist agents of New York and London, which are arranged on the most popular scale of prices. Full programmes of these trips, with maps showing the routes followed, are to be found in their monthly paper, *Cook's Excursionist*, published at 261 Broadway, New York, which they announce will be sent to any one interested, on application.

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## *RECEIPTS.*

IN order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during February:

M. Green 1, J. P. Bills 1, H. D. West 1, G. W. Emmerson 1, W. L. Tuttle 1, J. W. Walters 1, J. Weeks 1, John L. Spencer 1, R. F. Hurley 2, E. M. Lampard 1, A. G. Ward 1, A. H. Brooks 2, J. F. De Long 1, L. S, Butler 1, S. W. Devere 1, M. Beverley 1, J. Wilis 1, R. Manchester 1, T. L. Jennings 1, V. R. Leavitt 1, N. O. Goode 1, U. R. Wright 1, W. E. Wood 1, N O. T. Drinkwater 1, A. N. Y. Moore 1, W. H. Ogden 1, R. P. Sunderland 1, T. J. Bourne 1, L. K. Kimbold 1, T. P. Wagner 1, J. E. Collins 1, A. L. Godfrey 1, T. S. Staples 1. A. E. Towle 1, W. V. Kane 1, E. D. Morris 1, J. T. Hermaine 1, N. R. Witherell 1, R. W, Stopfield 1, W. W. Blenks 1, T. M. Littleton 1, F. W. Newcombe 1, C. T. Starkweather 1, S. Diamond 1, P. B. Stockwood 1, W G. G. Grafton 1, C. D. Erkskine 1, J. W. Dudley 1, N. Minton 1, Y. B. Ingalls 1, F. D. Winters 1.

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Apparatus No. 1.
FIG. 77.

FIG. 78. The Stopper and Cocks supplied with Apparatus No. 2.

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2d. The employment, in our apparatus No. 1, of a metal Screw Cap, fitting the neck of the receiver supplied with this apparatus so securely that it cannot be forced from its place by condeused air while injecting, or accidentally removed while the receiver is in a state of vacuum for aspiration.

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Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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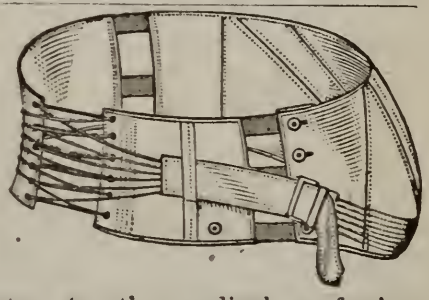

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**And when other foods are available, they can show that they can with their Liquid Food build up a patient in half the time usually required.**

[Boston Journal, Jan. 3, 1885.

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*From the New York Pharmaceutical Journal, Dec.* 24, 1884.

During a visit to Boston a month ago we devoted an hour to a call on Mr. A. L. Murdock, that we might satisfy ourselves more fully on some of the points we desired to know about the "Liquid Food" referred to in our pages on several occasions. We visited the establishment and saw much of the process, its preparation, and putting it in shape for distribution on its errand of mercy. Cleanliness was scrupulously observed in every step of the process; the method is in strict accordance with science and sound principles; and the product is in every respect what is claimed for it as a thoroughly representative nutritious food, of properties more healing and nourishing than others.

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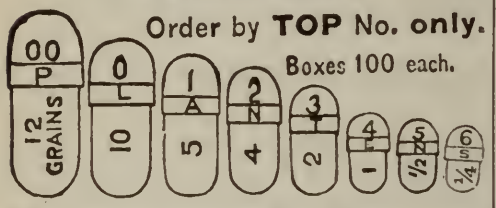


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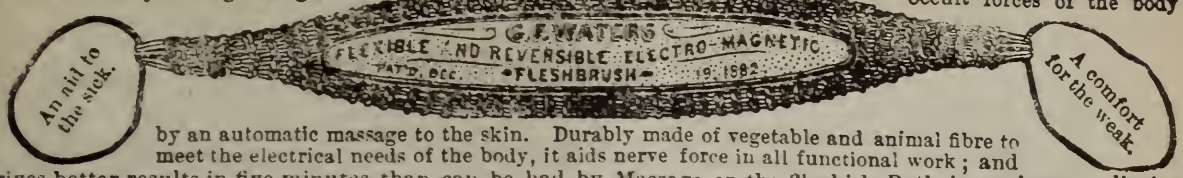


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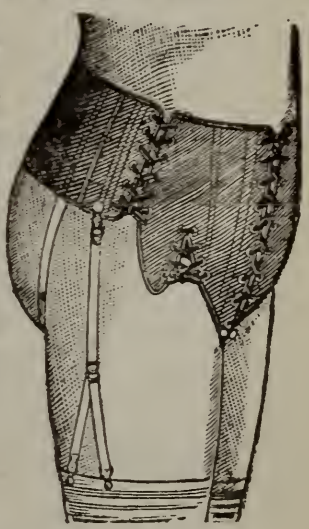

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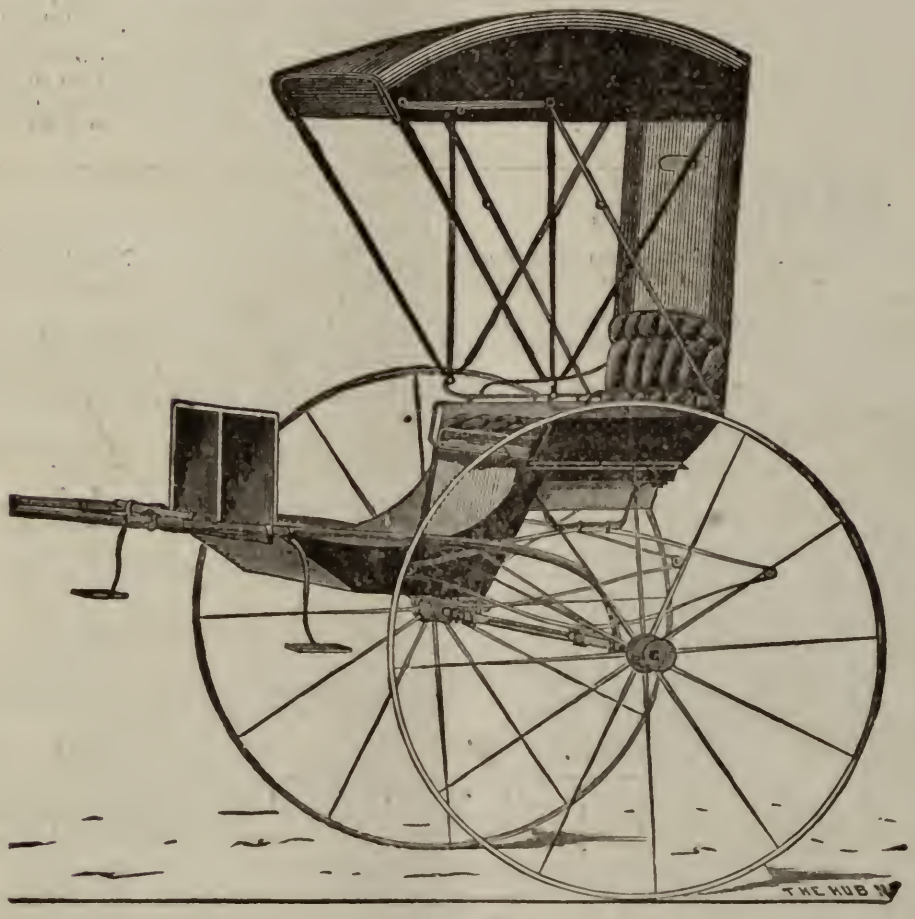


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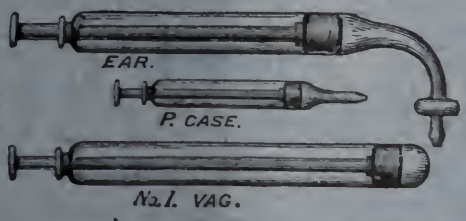


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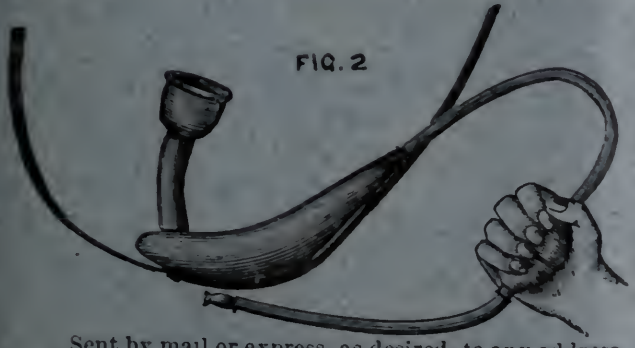
By its use the menstrual discharge is conducted directly from the uterus (or womb) into the receptacle, without coming in contact with the parts in any manner whatever. At night, before retiring, the fluid can and should be removed, simply by removing a cap, without removing the instrument. At the close of the period the instrument is removed, a Syringe is attached as shown in Fig. 2, and warm water or soap-suds forced through, which will clean it perfectly. It is then put aside until its use is required again. You will see in Fig. 1 an exact Cut of the Receptacle as worn. It is made of pure, soft rubber, with a flexible cup and stem to be inserted in the Vagina, the cup receiving the neck of the womb; hence the discharge is carried through the stem of the cup by means of a large hole and deposited in the Receptacle, which is perfectly tight. It is so constructed and shaped that it does not interfere with any of nature's requirements, or give the wearer the least inconvenience.




By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing, the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low. In a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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All Communications, Exchanges, Correspondence, etc., addressed to the Editor Mass. Eclectic Medical Journal, No. 31 Cornhill, Boston.

VOL. 5. APRIL, 1885. NO. 4.

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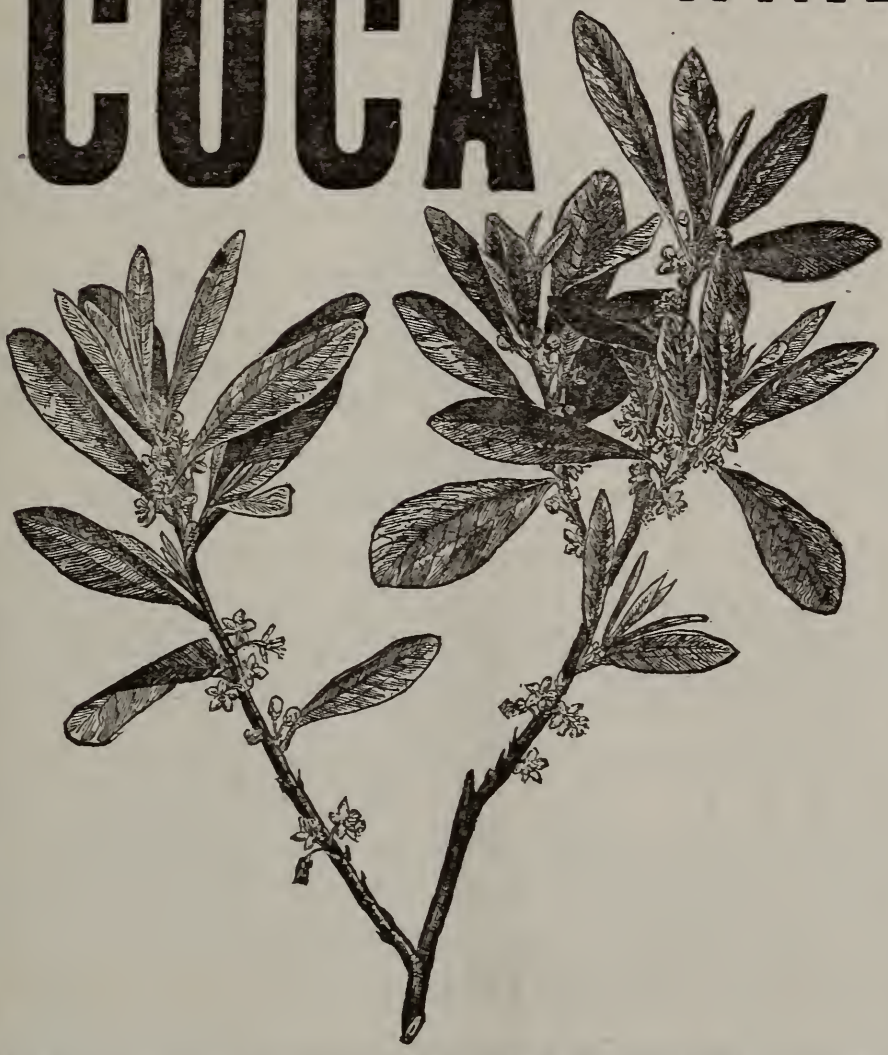

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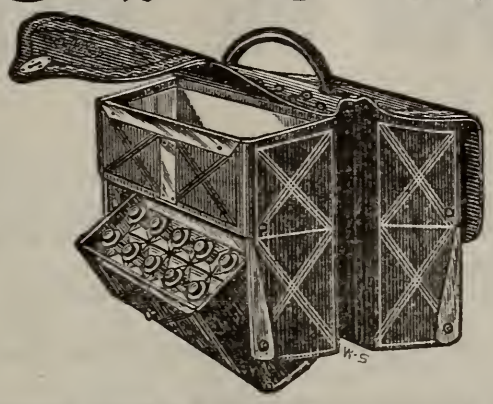

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VOL. 5. BOSTON, APRIL, 1885. NO. 4.

## ORIGINAL COMMUNICATIONS.

### *THE DIFFERENCE.*

BY J. P. BILLS, M. D., HYDE PARK, MASS.

IN a recent work on the Medical Botony of North America, an old school publication by Lawrence Johnson, A. M., M. D., fellow of the N. Y. Academy of Medicine; fellow of the N. Y. Academy of Science; and member of the Committee of Revision of the U. S. Pharmacopœia, etc. He says, "for many years medical botony has had no place in American medical schools. As a result of this neglect I believe that vegetable materia medica is taught at a great disadvantage, and often imperfectly." It most assuredly would be if his work on the subject was the only one accessable to students of medicine. This is his idea of veratrum viride: "It is a powerful irritant, whether employed externally or internally; the powdered drug when snuffed up the nostrils produces violent sneezing," and so will almost any dust. "It is used chiefly in inflammation; it reduces the fullness and frequency of the pulse, its action is somewhat difficult to gage properly, for at the very moment it is producing its happiest effects upon the heart, distressing nausea and vomiting may occur and reduce the patient to a dangerous degree." It will without doubt produce this effect if given in large doses.

He has nothing to say about the small and frequent doses, nor the indications calling for its use. There is enough literature upon

the subject to convince any impartial man that this particular drug of the vegetable materia medica is neither taught at a "disadvantage nor imperfectly," in some American medical colleges. But it would never do to look for the information from other than a "regular" source. Of the gelsemium he says, "it is a very powerful drug whose therapeutic limitations are not as yet accurately defined," and goes on to speak of its toxic effect. It is singular that a certain class of physicians will not learn that there is something in a drug besides its toxic effect; that in certain doses it may be curative. He farther mentions the fact that "its severe effect has not always borne a definite relation to the size of the dose administered. There seems to be an amount of uncertainty about the action of the drug, which on the one hand adds to its danger, and on the other detracts from its value as a therapeutic agent," and much more in the same line of uncertainty. Still he thinks the judicious physician will suspend judgment till more is known about its therapeutic value, and hints that it is best that he experiment with caution.

Just here is the difference between old and new school teaching in so far as gelseminum is concerned. "It is sedative, febrifuge, anti-spasmodic, and narcotic. When taken in medicinal doses it produces relaxation of the muscular system. If the dose is excessive there is complete prostration. It has been employed with great advantage in continued fevers, given in doses of one drachm of the old tincture, or ten drops of the new, every two or three hours till its influence is produced." By the term old and new tincture the author is supposed to mean old, made from the dried root, and new, from the green. "In these cases we find many times that its influence is very decided, the pulse is less frequent and is soft, respiration is slower, the skin becomes cooler, soft, and moist, there is less determination to the head, while at the same time we frequently notice an increased secretion of urine. Gelsemium passes out of the body through the kidneys, and exerts a direct influence upon the entire urinary tract. It is a remedy for renal irritation, acute nephritis, vesical irritation and inflammation. It is a prominent remedy in hysteria, meeting those cases which show irritation of the brain and spinal cord (Scudder)."

There are many more uses to which the remedy may be put, but enough has been said about the medicine to show that it has some limitations as a therapeutic agent, and well defined and accurate ones at that. My object in writing this sketch is to show the difference in the teaching so far as it concerns two of the most important articles in the vegetable materia medica. There are not a few physicians who know and still believe that medical botony has a place in some Americal medical schools, and that the vegetable materia medica, in these schools, at least, is neither taught at a disadvantage nor imperfectly.

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## *ADENOPATHY NUMBER TWO.*

BY PROF. E. YOUNKIN, M. D.

When selecting the term that heads this, and my former article, I had in view a wider range of thought than the mere pathological changes which are found in the lymphatic glands. but I find a necessity of dwelling at greater length upon this branch of the subject.

The lymphatics and lacteals together must be regarded as the absorbent system. The blood and lymph are the essential fluid elements of the human body, and they bear an intimate relation to all the vital processes. Through these juices and by means of the absorbent system, nutrition is gathered from food as it passes through the alimentary tract, and oxygen from the air chiefly through the lungs. By this arrangement also, the effete and worn out particles are eliminated from the body. mainly through the skin, liver and kidneys. In health there is maintained a general equilibrium between the processes of renewal and of waste, and an excess of the one or a defect of the other is capable of producing pathological changes. It will be seen, therefore, that the absorbent system affords the means of entrance and the means of exit to the body, and hence it follows that the organs connected with this system bear a most intimate connection with many diseases. It is no longer doubted that the poison from septic diseases as glanders, pyæmia, erysipelas, dissecting wounds, malignant pustule, bites of rabid animals and of serpents, take this route of entrance to the blood, and our modern histolo-

gists and pathologists are settling upon the fact that the zymotic diseases as typhoid, typhus, and malarial fevers, as well as diphtheria, and many other diseases pass into the body by this media. Though a close relationship exists between the blood and lymph, yet it is known that disease may dominate in the one more than the other. For instance, syphilis is essentially a disease of the lymphatic system. Primarily it attacks the lymphatic glands adjacent to the point of lesion, and passing from thence it lingers in the lymph streams, and is seen in the plasma of the blood. When the inflammatory siege is raised it breaks the tissues and produces its lymphy exudation. In the delicate textures of the eye it pours out its lymph, which becoming organized, produces keratitis, synechiæ, etc.

It is now also understood that the natural cavities of the body are largely under the supervision of the lymphatic system, and diseases of their serous tissues are often due to lymphangitis. All the lymphatics of the body ultimately discharge their contents into the subclavian and internal jugular veins. The thoracic duct and the great trunk on the right side are the two principal divisions. The thoracic duct receives the lymph from the abdominal cavity, from the intestines—both from the villi and coats of the bowels, and from the kidneys and parieties of the abdomen. Peritonitis may be due to a lymphangitis. A hypertrophied heart or a tumor in the abdomen may press upon the receptaculum chyli, or upon the thoracic duct, and thus interfere with the flow of chyle and cut off the source of nutrition to the body. The lymph thus prevented may induce chylous dropsy.

A recent case in practice has impressed me with these facts. A young man was taken ill and complained of rheumatoid pains in the upper and lower extremities in connection with a peculiar hurting deep in the abdomen and at the same point in the back. He recovered from these symptoms after a considerable time, but there seemed to be a slow disposition in gaining strength, finally an ascites presented with œdema of the lower extremities, scrotum, penis, and abdomen. Under the influence of apocynum the œdema was reduced and the abdominal accumulation was let out by the trochar and canula. The ascytic fluid pre-

sented a whitish appearance, like milk, which gave the evidence of chylous dropsy. Tapping had to be resorted to every three or four weeks until the patient was relieved of the abdominal fluid four or five times. Now through the administration of atropia the fluid was prevented from accumulating for over a period of one year, and the patient feeling a reasonable degree of strength, went to teaching school. Through some exposure and further development of the disease the abdomen again filled. The fluid now became much thicker and more milky. The patient was relieved a few times more by tapping, but finally died, seemingly of starvation or failure in the assimilation of the nutrient elements. The autopsy revealed an adenomatous tumor just above the receptaculum chyli. The walls of the abdomen, the intestines, and, in fact, every part that had been bathed in this fluid were thickly covered with a transparent gelatinous mass, as a seeming precipitation and semi-organization of the chylous fluid.

When lymph or chyle is exuded from the vessels or glands, either on the surface of the body or into some cavity, the terms lymphorrhœa or lymphorrhagia are significant. Such an exudation may take place either idiopathically or traumatically. The fluid may be clear and limpid, or mixed with blood. If the lymph vessels within the abdominal parieties receive actual rupture, or obstruction, the fluid is more or less white or milky. When lymphorrhœa takes place internally it can only be recognized by its presence in the urine (chyluria) or the fatty globules and cheesy particles in the fæces.

If the lymph vessels alone suffer from acute inflammation it is a case of lymphangitis. If from chronic or scrofulous inflammation a better term would be angioleucitis; where the inflammation is limited to the glands, adenitis.

All these conditions may be produced by wounds, contusions, or sprains; or by peripheral irritation, interstitial suppuration, ulceration, or injuries of the bones and joints. The fine capillary net work of the lymph vessels may be the parts involved in the inflammation (reticular lymphangitis), or the larger trunks of the vessels (tubular lymphangitis). The vessels are filled and dilated, and as the vessels are blocked the lymph may become

organized, which it does in many cases of syphilis, or occasionally the clot softens and suppurates producing septicæmia and pyæmia.

Since the investigation of this subject a clearer light has been thrown upon the subjects of septicæmia and pyæmia. Prior to this a cloud rested over the causation and pathology of these diseases, as it had been shown by numerous experiments, that pus corpuscles were incapable of entering the blood through the venous and arterial capillaries. In lymphangitis the local symptoms vary according to the distance the vessels lie from the surface. The inflammation may involve the deeper lymph streams only, and in such cases it must not be expected that superficial redness will present. In this condition there is induration, œdema, and a white shining appearance of the skin. The superficial vessels, when they are inflamed, show as red lines running towards a colony of glands, and sometimes isolated red patches of the skin and its capillaries are involved with the lymph vessels. When œdema is present there are evidences of lymphatic obstruction, and the lymph flooding the tissues, the limb becomes enlarged from these causes. Thus through these conditions may occur our old fashioned white swelling, or through organization of the lymph, a hypertrophy.

As to the morbid states affecting the glands in such a way as to produce non-inflammatory enlargement, we have two varieties, lymphoma and lympadenoma. The former consists in an infiltration of lymph within the gland which undergoes organization, producing enlargement, and at the same time the general shape of the gland is retained. This condition of the gland may not appropriately be denominated a neoplasm, but a hyperplasm.

The term lympadenoma indicates a fibroid induration, and is distinctly a general disease. In addition to the glandular enlargement other organs in time, present growths of a similar nature, as the spleen, kidneys, liver, lungs, and alimentary canal. The cancellous structure of bones may be filled with the lymphoid cells and death occurs within two or three years.

# *BRONCHITIS.*

BY A. W. FORBUSH, M. D., BOSTON.

I REFER to this condition for the reason that it is not an occasional disease, but one met with in everyday practice, and though of so frequent occurrence, less attention is paid to the various forms of bronchial inflammation than to almost any condition we are called upon to treat.

The pathology of bronchitis is somewhat left in a cloud by writers generally. Especially we find it so in the acute form. One writer tells us that "acute bronchitis is not distinctly marked by anatomical characters or pathological changes." We will generally find it preceded by inflammation of the mucous membrane of the nasal passages. Commencing in the nostrils it travels downward, affecting the pharynx and larynx in its passage to the bronchial tubes, yet we may have the bronchial tubes attacked at once without any prior affection of the air passages above. The symptoms offer marked points of contrast with acute pleuritis and pneumonia. The degree of fever and prostration of the system, and the state of the digestive functions, vary a great deal in different cases. The pulse is somewhat accelerated, or it may be but little above the standard of health. It is seldom that the respiration departs much from the normal standard. The tongue is apt to be somewhat dry, and has a whitish fur. We seldom get any headache except when the stomach is considerably affected. If this inflammation does not subside in a few days it will run into a chronic form or give origin to pneumonia, or, by reducing vitality, will prepare the system for the development of phthisis. And no doubt in many cases of phthisis we can trace the line of development from what the physician called a simple bronchitis, and to which he paid little or no attention, and which when fully developed he ascribed to some hereditary influence, in order to satisfy inquiring friends.

Aitken tells us that the different forms of bronchitis may be clinically recognized as Acute Bronchitis of the larger and medium sized tubes; Capillary Bronchitis, in which the bronchioles also are affected; Chronic Bronchitis or Plastic Bronchitis; Mechanical Bronchitis, such as the knife grinders' disease, or

Carbonaceous Bronchitis. We may have bronchitis as a complication of some general disease, such as typhoid fever. Whooping cough and measles are often followed by obstinate chronic bronchitis, while scrofula not infrequently affects the bronchial glands. Most writers call our attention to but three varieties; the acute, sub-acute, and chronic. What to my mind is of special interest, is that form generally termed chronic bronchitis, from the fact that such a large portion of the community are laboring under the distressing symptoms which mark the existence of this form, and also from the fact that a physician may never see the case until it has run into this intractable form, when the patient will present himself for, and expect, immediate relief.

In the pathology we find quite a diversity of theories. We would suppose that when the inflammation does not soon end in resolution, ulceration would take place, or a breaking down of tissue and a manifestation of that imperfect character of the reparative process which is attended with suppuration. This seldom, if ever, does occur however, and still less does this extend to the minute ramification of the tubes; it affects mainly the larger bronchi and may affect the trachea and the parts still higher. It seems inclined to seize first on the follicles generally of the larger bronchi. From these follicles the ulceration sometimes extends with a somewhat irregular outline involving the membrane immediately around. Giving this as the anatomical character of chronic bronchitis, it is with difficulty that we divide it into the forms that most writers give us, without some considerable misunderstanding as regards the differential diagnosis.

I find that the symptoms given for the different forms of chronic bronchitis have a decided similarity. The symptoms that interest the patient most, if not the physician, are the cough and sputa. They may vary according to incidental circumstances. The sputa consists mostly of a thick, whitish or yellowish mucus, and is often mixed with purulent matter, the result of suppuration and ulceration. We may have the character of expectoration somewhat thin, glairy and semi-transparent. This condition one writer tells us is not one of mere chronic

bronchitis, but indicative of a complex anatomical condition. At other times we have the expectoration almost wanting. When this is the case we have reason to believe that there is such a thickening of the mucous membrane as to prevent the discharge of its proper office—that of secretion. With this condition the air cells will generally be found somewhat dilated, constituting the affection known as emphysema.

When we get the thick, tenacious sputa, the cough is generally loud and hard. If the expectoration is thin, glairy and semi-transparent, the cough is harder and spasmodic, but in both conditions it is somewhat loose. When the expectoration is wanting and we have a thickening of the mucous membrane, we will find the cough dry and short. How often we have patients tell us, "doctor, if you only can stop that cough I know I will soon get well."

The constitutional excitement is never very great in chronic bronchitis. In the first condition when there is considerable discharge of mucous and pus, the febrile symptoms are sometimes quite decided.

For physical signs, in the first variety, we have the sub-crepitant rales. They may be strong or feeble. Percussion may be normal. We can distinguish this variety from pulmonary phthisis mainly by the absence of dullness at the summit of the lungs and bronchial respiration at the same point. In the second variety when fully developed, it is manifested by the existence of different rales in different parts of the thorax at the same time. We can often hear the sonorous, sibilant or hissing sound, the mucous and sub-crepitant simultaneously. Generally the medium sized tubes are more affected than the larger, and hence the sibilant and sub-crepitant rather have the predominance over the sonorous and the mucous. We may hear at one time only a portion of these rales, this is on account of the inflammation having progressed to a certain extent and before there is much secretion.

When the larger bronchi are the seat of the disease, we get the sonorous and mucous rales. It is not uncommon to have dyspnœa if there is to any extent an emphysematous condition of the air cells, and it is often quite severe, not unlike asthma, hence the name often given it, Asthmatic Bronchitis.

In the third variety the respiration is usually feeble. The rales may be heard or they may not. Whenever the thickening of the tubes is sufficient to produce them, we get the sibilant and sonorous sounds. We find a normal percussion throughout the thorax or nearly so.

It is not my purpose to give a minute description of the various phases of bronchitis, but enough to enable us to get a general understanding, leaving all doubtful and delicate points for the fighting pathologist. There is, however, one point that I would like to have the judgment of some of our pathologists upon, viz.: Does chronic bronchitis increase the liability to the development of pulmonary tuberculosis? I find that writers do not agree in this direction, and in others of like character. Austin Flint tells us in his Practice of Medicine, page 213, that "the existence of chronic bronchitis does not involve an increased liability to the development of pulmonary tuberculosis, but perhaps the reverse."

In the treatment of bronchitis, more especially the chronic form, such a host of agents has been suggested, that nothing short of a compend of materia medica would do justice to its therapeutics. In all forms of bronchitis the object of nature in the mucous secretions is to relieve the congested and inflamed vessels. This object, whatever may have given rise to the diseased condition, may be aided by artificial means. If this object is not secured either by nature or by art, if there is no discharge from the bronchial tubes and no secretion from the skin, the tendency is for the heart to become congested and the vessels of the lungs to become distended, giving rise to cardiac dilatation and pulmonary emphysema. If the secretion continues without an abatement of inflammation, the discharge is a morbid one. When the mucous tissue is in a morbid condition, the secretory follicles do not relieve the blood of those ingredients which keep up a morbidly relaxed and over-distended condition of the vessels. Thus we have two marked conditions; bronchitis with deficient secretion and bronchitis with profuse secretion. The treatment may be properly divided into constitutional, local and physical, and as much importance attaches to one as to the other.

The constitutional treatment will have to be varied according

to complications, but in all cases we should give such mild tonics as will improve the tone of the digestive apparatus and the quality of the blood. The bowels and kidneys demand our attention, while the skin demands our special attention, from the intimate sympathy existing between this membrane and the mucous lining of the body.

In regards to local treatment, is it not reasonable to apply agents directly to this local condition? When the mucous membrane that lines the bronchial tubes, becomes inflamed and congested throughout all its branches, and at this point where the blood runs in a ceaseless current to renew its vitality by contact with atmospheric air, should we not give attention and study to this mode of treatment? By means of an apparatus adapted to the purpose, medicated liquids may be carried to the affected membrane. From experience and observation I find that we get a better influence from the medicated spray than from the vaporized inhalation. You may call it my hobby, but I have had good success in my treatment of the various forms of bronchitis, and I believe it due in no small measure to my careful local treatment, and the care I give in relieving the digestive organs from remedies given to cover indications of a local character in the bronchial neighborhood, and which will almost invariably have a bad influence on the digestive apparatus.

Furthermore I do not care to be behind the advertising doctor, whose knowledge is often very limited as regards to the human economy, but who generally relieves the patient's symptoms, and perhaps the patient had previously been the round of many physicians, who paid little or no attention to local treatment. He not only gives relief, but many times marked improvement will follow, and also a testimonial for the newspapers.

Patients suffering with bronchial disturbances, as a rule, take very little exercise, either physical or respiratory. It has been said that exercise is life, and indolence is death. Observation teaches us that a want of systematic exercise has a direct tendency to undermine the constitutional energies of the system and induces general depression of the vital powers. Respiratory exercise will increase the power and expansion of the lungs, to the same extent that muscular exercise serves to develop

and augment the powers of the general system. A systematic inflation of the lungs will not only increase the expansibility of the chest and thus promote the chemical changes necessary to the depuration of the blood, but it is equally effectual in causing the absorption and removal of deposits. All the functions are brought into greater activity and the power of vitality augmented throughout the whole system. Of the different modes of exercise there is none so well adapted to secure the greatest amount of good as that of walking. Regular and systematic exercise will be found a leading factor in a successful treatment in bronchial affections.

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *FULL BREATHING A THERAPEUTIC AGENT, RESTORATIVE AND CURATIVE.*

FREQUENTLY has attention been called in these pages to the great value of cultivating the habit and practice of filling the lungs to their fullest capacity as a curative measure in all scrofulous and other constitutional diseases. Recently a case of confirmed sleeplessness, that had existed for nearly a month, and had resisted the treatment of two judicious physicians, was rapidly cured by making the patient fill his lungs to their fullest capacity by forced and powerful efforts, and to hold the lungs full for various lengths of time—10 seconds up to 30 and finally up to 45 seconds, then expel the air, and after a rest at tranquil breathing for five, return again to this forced effort at filling the lungs, which was repeated at intervals of an hour or two during the day. At first the effort was as exhausting and trying as any hard manual labor or violent exercise. After a few hours practice, and screwing up a heavy force of courage and will-power, the patient could hold the lungs full for 20 seconds at a time the first day, and repeated the act several times during the waking hours. At night his chest muscles felt sore, but he was much refreshed, felt tired and went to bed at 10 o'clock P. M., and soon fell into a refreshing and calm sleep, which lasted till 3 o'clock A. M., the first he had to call sleep for several weeks.

In constitutional diseases dependent on mal-nutrition, and associated with impaired assimilation of the kind that is belonging to the deeper tissue renovation and repair, this practice of

breathing in oxygen to the fullest extent is of remarkable curative powers. At first the effort is very trying and exhausting, but, by plucky effort and a full use of will, all the other difficulties to its use can be overcome. Children can be taught the art as well as adults when proper care and attention is given to imparting instruction and superintending these respiratory efforts. It requires patience, persistence and a full measure of persuasive address to manage children and young people successfully. We have seen thin-chested children, seemingly as frail as a cracker, pale, emaciated, with deficient digestive powers, and physically like infants in strength and endurance, brought out and raised up to robustness of constitution in a few weeks' practice of this most valuable therapeutic measure. Teach people to fill the lungs *completely*, not half full; they must draw in the breath to fill the whole of the lungs, from apex to base. This is hard work at first, but trial and stick will remove all the trouble in the way. Feeble people have not, perhaps, had the full physiological power of their thoracic muscles. The lungs have never been filled, and the quantity of oxygen necessary to vitalize the tissues and animate the nervous centres has not been provided; hence, these people go on in life half dead and die early. A full-breathing pair of lungs are a full measure of life-giving and life-supporting organs. Endurance means the quantity of oxygen the lungs can take in and the quantity the tissues can store in their recesses. This storing of oxygen is a mystic force, and the one we are trying to know more of. The power to store is the energy of the system to take and use. All these functions can be cultivated and enlarged by proper practice. There is a man here whose age is 86. He says he would have died 50 years ago but for his practice of filling his lungs as full as he could three or more times a day. He has been a feeble man all his life; was never stout—always dyspeptic. At one time he believes he had consumption, which he cured by this practice.

A number of scrofulous and feeble, puny, pale and cadaveric-appearing children in this town, who have grown much more healthy and are now vigorous and rugged, were made so by nothing else than practicing this lung-filling exercise. Prof. Goss says he is now 50 per cent. better off, physically, since he commenced this practice.

The point is to teach people to fill the lungs and to cultivate the power to hold the lungs inflated as long as possible. This will strengthen the respiratory muscles and deepen the chest capacity. The nervous system will be strengthened and made firm; the blood and tissues will be enriched and the liability to take cold or take disease very much diminished. Nothing

restores a man after a hard days' work so much as to fill his lungs to their fullest capacity in the open air several times during an hour.

People in whom the respiratorw murmur over the apex of the lungs is weak, often hardly perceptible, the upper portion of the chest walls on both sides flat, health and digestion feeble—such ones are frequently transformed into strong and rugged persons by practicing lung-filling systematically, making daily exercises. Then the respiratory murmur over the apex becomes loud, full, soft; the chest wall expands in all directions, and the vital capacity is considerably increased.

There is more in this practice than the average doctor is able to perceive; but resort to it, using judgment in teaching it, and being persuasive and encouraging in your address. The confidence and courage of your patients will be enlarged, and success will attend your efforts.—*Georgia Eclectic Medical Journal.*

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## *MACROTIN IN OBSTETRICAL PRACTICE.*

Nearly three years ago I attended a lady in child-birth who had a prolonged and difficult labor, so that I was obliged to deliver the child with forceps, as her strength was entirely gone, and there was utter inability to force the child out, although everything seemed favorable. There was weakness of the uterine contractile fiber, and weakness of the abdominal muscles. She told me that she had always had long and tedious labors, and this was her fifth child. I told her if she became pregnant again to let me know about one week before the full term, and I would insure a shorter and easier labor next time. She did so, and I gave her the first decimal trituration of Macrotin, two grains morning and night, beginning seven or eight days before the expected confinement, and continuing until the period of labor was manifest. The result was that she was not in labor more than one hour from the first symptom till the child was born, and she was so little affected by it that she felt like getting up next morning; whereas her previous labors had never been less than a day and night of hard work.

Another lady who had been attended in a previous confinement by another physician, and had lingered in labor for two night and a day, received from me in her next confinement the treatment given above, and was only in labor one and a half hours from the first symptom.

A third lady who was very much frightened when she discovered that she was pregnant, and said she knew she would die, because her former physician told her she would if she ever

became pregnant again, as her previous labors had been so prolonged and severe, was delivered in twenty minutes from the onset of the first symptom, after having been on the above treatment for six days.

Sometimes this dose makes the head ache a little, and when it does the dose should be reduced or given less frequently. These cases all get up promptly and well, if proper care is used after delivery. The macrotin seems to strengthen the contracile power of the uterus and abdominal muscles, and prepare the way for a normal labor.—J. C. KILGOUR, M. D., in *Eclectic Medical Journal.*

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## *SPECIAL DIRECTIONS FOR VIBURNUM COMPOUND.*

FOR the administration of Hayden's Viburnum Compound in dysmenorrhœa. In cases where the patient suffers greatly at the monthly period, it is well to commence by giving her teaspoonful doses of the Viburnum Compound every half-hour in a wine-glassful of *hot* water, sweetened, and continue to do so until relief is obtained, unless the stomach rejects it; in which case, the dose should be reduced until it is tolerated. In very severe cases and spasms, hot applications to the loins and inferior extremities are valuable aids as relaxants and keeping up a healthy circulation. Frequently, after taking the Viburnum Compound, the patient will sleep soundly for several hours, from the sudden cessation of pain; in such cases, she should never be awakened through any fear of oversleeping, as the Viburnum Compound does not contain any narcotic whatever, nor does it leave any disagreeable after-affects, and it may be given to a child, when necessary, without any special attention.—*American Medical Journal.*

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## *GELSEMIUM HYPODERMICALLY IN CONVULSIONS.*

ON the morning of December 6th, 1884, I was called to see Miss L. H., æt about twenty years, and learned that she had been having hysterical convulsions for several hours.

She was placed partially under the influence of chloroform and given a hypodermic injection of morphine. In about half an hour she became quiet, and said she felt well. I then precribed:

℞ Tinct. Gelsemium gtts. xxx,
Aquæ ℥ iv,
M. Teaspoonful every two hours.

On the afternoon of the same day I was again called, and learned that after I left her in the morning she remained quiet for about an hour, when she again began to have convulsions; they had been recurring with increased frequency ever since.

I again resorted to chloroform, morphine, and other remedies upon which I had been accustomed to rely in similar cases, and finally got her quiet; but a few moments later she went into the most terrible convulsion of the lot.

As I looked upon her discolored and distorted form, the thought occurred to me that here was an excellent case in which to test Prof. Younkin's method of using Gelsemium. I therefore at once placed fifteen drops of Tr. Gelsemium in my hypodermic syringe and injected it into her arm. The effect was almost magical. In a very few moments she became conscious and quiet, and that was the last of the convulsions.

The following day she was feeling as well as usual, and has continued in good health up to the present writing.—J. W. FYFE, in *Medical Advocate.*

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## *CHOLERA. TREATMENT I HAVE USED.*

I HAVE seen cholera in its every phase, and I have seen all kinds of treatment. In 1849, I nursed cholera patients with the *regular* treatment—ten grain doses of calomel and the blister, the Homœopathic dilution, and the Botanic and Eclectic stimulant plan, and they were equally unsuccessful.

When I had to manage the disease in 1866, I adapted my treatment to the condition of the patient, and had much better success, though quite a number slipped through my fingers. I will name a few successful cases.

A gentleman (the Librarian of the Public Library) came into my office about seven o'clock in the morning saying, "Doctor, I am very sick, show me your water-closet." The evacuation was large, rice-water, the pulse thready, and he looked as if he had been sick for a month. He was assisted to a lounge, covered, and advised to keep entirely still, and resist the inclination to get up. He had abdominal pains and cramps, and was excessively thirsty. The griping suggested the old-fashioned white liquid physic, and a recent reading of Stephens on the blood, impressed the advantages of soda. He had it in water dilute to a pleasant acidity, and all the choleraic symptoms faded out, and he was sent home in a carriage in the evening.

Frank Starbuck, son of the proprietor of the *Daily Times*, was attacked suddenly and very severely. The stomach would not tolerate anything in the form of medicine, and the odor of

camphor or cajeput would bring on violent vomiting. Remembering the experience of Stephens, he was given a weak salt-water in teaspoonful doses repeated every few minutes, and an enema of ʒ ss. tinct. Xanthoxylum was given after each discharge. He was in the stage of collapse when I saw him first, yet he recovered, reaction coming on in about eight hours.

I was sent for to see a German saloon keeper, in consultation with Dr. M. He was in the advanced stage of collapse, and the stomach now rejected everything, even a spoonful of water. He suffered intensely, and especially from difficulty in respiration. To relieve this I employed the spinal ice-bag, which was then a new thing. I say "ice-bag," though the lump of ice was wrapped in a towel and applied to the spine, moving it up and down the entire length. In a half hour his breathing was relieved, in two hours he voided urine, and at the same time the pulse appeared at the wrist and reaction came on. He recovered, but the miserable bummer never paid the doctor.

A few patients we treated with Aconite, some with Veratrum, some with salt water, some with stimulants, with varying results.

The cholera returned with fresh force in October of that year, and broke out in the medical class of something over 100. It was the beginning of the session, cadavers were plenty, and our demonstrator unfortunately had four who had died of cholera. Within a week we had in the neighborhood of forty cases. They were uniformly treated with strychnia and Bismuth, with such good results that but two died.

It is to be observed, however, that the malignancy of an epidemic grows less as it continues, so that the cases in October were not so severe as those in July and August.—*Eclectic Medical Journal.*

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## *HYDROCEPHALUS TAPPING.*

Thursday, January 29, 1885, Mrs. Throssel came into my office, according to previous arrangement, with her seven months' old girl. Trouble: Hydrocephalus. Condition as follows: Head measured twenty-two inches in circumference, twelve and a half inches from top of frontal bone to base of occiput. Child had been having light convulsions two or three times a day for nearly a month, which were growing more serious and lasting longer each time; at first, only slight or merely spasmodic jerking, but developing into hard acute convulsions. As my partner, Dr. McQuitty, was away from home and would not return for a month or more, and considering longer delay dangerous, I called Drs. Thornton and Wright to assist me.

Placing the baby on the operating table, and using equal parts of chloroform and ether as an anæsthetic, introduced a small trocar and canula into the posterior fontanelle, with the point directed forward and downward until it was in about two inches. Then removing the trocar the liquid came through the canula in a small stream, at first slightly covered with blood, then clear, until nearly a pint, by actual measure, had escaped. At this point the baby had slight convulsive movements, and for ten or fifteen minutes was to all appearances dying. As soon as the convulsive movements came on I withdrew the canula; the anæsthetic had been removed as soon as liquid began to escape. After a few minutes we succeeded in getting a little wine and water into her stomach; color began returning to her lips. It was fully fifteen minutes before pulse was perceptible at the wrist. We operated at 1 P. M.; at 2.30 P. M. we again measured the head at same points as before operating, which now measured nineteen and ten and a quarter inches respectively; at 5 P. M. temperature was $101\frac{1}{2}$; at 7 P. M., 102; at midnight, $100\frac{3}{4}$; at 7 A. M. next morning, 100; at 7 P. M., 101; at 7 A. M. second morning, 99; and the second night Mrs. T. told me baby had rested better than any night before in a month. On the fifth day she was doing so well I allowed them to take her home in an adjoining county. This is now the ninth day since the operation, and I have just had word from my little patient stating she is doing fine, and yesterday, for the first time in her life, she raised her head from the pillow.

The liquid had been accumulating from birth. Since operating, have kept her bowels and kidneys acting quite free.

Since in practice, nearly six years, I have performed a great many surgical operations, but this is the only one I feel any *extra pride* in.

Ashurst says: "Introduce an aspirating needle into the anterior fontanelle;" but for various reasons I preferred the *trocar*, and also in this case the *posterior fontanelle*.—J. S. Miller, M. D., in *American Medical Journal*.

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## *PHIMOSIS AS A NEUROSIS.*

The *Massachusetts Eclectic Medical Journal*, for February, contains a well written and able article from the pen of Milbrey Green, M. D., on "Simulated Hip Disease, and other Neuroses, resulting from Phimosis and Adherent Prepuce."

The writer cites cases coming under his observation and treatment, which manifested all the signs of hip disease, yet the morbid symptoms were "reflex" from the irritation attendant

upon adherent, redundant and abnormal foreskins. As soon as the prepuce was slit, incised or divided, one boy recovered rapidly, no sign of *morbus coxarius* remaining. In another case reported, the lad who had experienced epileptic convulsions through the reflex influence of phimotic and preputial irritation. was cured by circumcision, or at least was greatly relieved.

The topic is not novel to the experienced practitioner of medicine, but has received a fresh impulse at the hands of Dr. Green.

Lately the *Boston Medical and Surgical Journal* contained an article on the same subject. It was prepared by H. G. Wetherell, of Trenton, New Jersey, and headed, "Congenital Phymosis and its Consequences." The writer quotes opinions from learned authors, and cites examples of the direful influences of phimotic prepuces in children. The valuable contributor closes by saying: "Moses, if not inspired, had some very good notions regarding wholesome food and hygiene in general."

Now it happens that circumcision was not an invention of Moses to keep the "Children of Israel" cleanly, but the token of a treaty established between the Lord and Abram by which the latter should become Abraham, "the father of *many* nations." instead of one—the Ishmaelitish. "Every man child among you shall be circumcised." This rite was to be "an everlasting covenant;" and it has been faithfully kept, not only by the descendants of Israel (Israelites), but by the Arabs, the conjectured descendants of Ishmael. The xvii. chapter of Genesis tells the whole story.

The female descendants of Ishmael have elongated nymphæ, which are excised just before marriage, or at the age of thirteen, the time when their progenitor was circumcised.

The operation consists in clipping the seemingly redundant folds with scissors or shears. It is practised to-day in Constantinople and Timbuctoo, as well as in countries where the supporters of Mahomet's religion abide.

The Hebrew method of executing circumcision is for a Rabbi to cut away a large portion of the prepuce of infants, so that the glans shall be ever after uncovered. At the time of executing the rite the occasion is usually made one of congratulation and feasting, relatives and friends participating in the festivity. The traumatism is dressed with soft wrappings, and an occasional wetting of wine.

The circumcised penis has fewer folds and recesses to ensnare and conceal venereal poisons, hence the hygienic value of the original covenant. Although Christ was circumcised in infancy, according to the customs of his kindred, he in his teachings substituted spiritual circumcision for what had been physical.

The Israelite knows nothing of phimosis nor of paraphimosis—deformities and difficulties that furnish considerable surgery for members of our profession. Diseases arising from congenital stricture of the preputial orifice—from phimosis—are mostly of a nervous nature, and therefore serious in character. The defect may exist for months or even years without its real nature being discovered. If the infant wets its wraps the urinary organs are presumed to be all right. However, the nurse may discover while a child is uncovered, that the prepuce puffs while the act of urination is going on; or that micturition is attended with pain; or that the penis is excoriated or inflamed. The discovery leads to the summoning of a physician, who with a probe ascertains the nature and extent of the difficulty. He finds the narrowness of the orifice in the prepuce, and whether the lining of the foreskin be attached to the glans. If such be the kind of deformity, the aperture must be enlarged by dilatation or circumcision. The former will do if no adhesions exist, but the latter is radical and permanent as a curative scheme. The operation is executed by sending a grooved director through the preputial orifice and as far back as the sulcus behind the corona glandis. Depression of the handle of the implement and elevation of the other end indicate where the groove begins, and the point of a curved bistoury is sent to it and then made to follow the groove till the foreskin is completely incised through its dorsum. The lateral flaps are turned off either way, and into the furrow behind the corona. They there appear in rather redundant folds, but the excess of tissue is not objectionable. No sutures are needed to hold together the traumatic edges of the prepuce and its lining, for the healing process makes a good joining. The projecting point in advance of the frænum is not objectionable. The bleeding is never considerable, especially if hæmostatic forceps be used for a few minutes upon oozing points. The wound is to be dressed with a narrow bandage or soft wrapping which is occasionally wetted with an antiseptic liquid. In ten days no dressing will be needed.

If any adhesions be encountered in the operation they are to be overcome with snips of sharp scissors. In the event complete ankylosis of the glans and prepuce exists, through balanitis, the dissection would be delicate, and there would be a tendency to a return of the adhesion during the healing process. In such a case the cicatrices might be troublesome during erections.

But phimosis, as a source of nervous disorder in regions more or less remote from the center of irritation, presses for consideration. The neurosis does not gain importance by being connected with the genitals, except its origin be in sensitive or

impressible parts. Disease of a reflex nature is not rare, nor difficult to understand. A splinter in the pulp of the finger or a thorn in the sole of the foot may result in tetanus. When peripheral nerves are worried, the neural centers which endure the irritation are apt to respond in some way. The sun's rays falling suddenly upon the eyes may produce sneezing, the convulsive action not manifesting itself in organs holding functional or anatomical relations. A reflex action, then, is not always displayed in the line of direct connection, but through complex associations. In peurperal eclampsia the gravid uterus pressing upon the ureters may establish albuminuria or uræmia, and secondarily provoke convulsive action. Tickling the sole of the foot excites not only a spasmodic withdrawal of the limb, but a paroxysmal thrill of the entire organism. During infancy there is no sexual erotism, but the special sense may be awakened prematurely by frequent and prolonged irritation of the prepuce. Infantile priapism may result from balanitis arising from a narrow preputial orifice. A disposition on the part of little boys to be pulling at the prepuce is a sign that something is going wrong in that region. The trouble may be vesical calculus, eczema of the foreskin, or balanitis. Parasites in the rectum provoke irritability of the bladder and uneasy sensations in the penis. A large proportion of the convulsions of childhood comes from verminous states of the intestinal canal.

The reports coming from asylums for children of both sexes quite plainly show that diseases and deformities which worry the genital organs are productive of paroxysmal complaints. Sometimes vermes get transferred from the anus to the bladder and vagina of little girls; and the accident may be followed by grave results. Epileptiform seizures in eleemosynary institutions are by no means uncommon. Dr. S. S. Adams, of Georgetown, D. C., who has long had charge of the Children's Hospital, regards, "Incontinence of Urine" as a neurosis, and perhaps inherited, and not unfrequently produced by phimosis, balanitis, and vesical irritability. He does not agree with "writers who claim that there is a reflex relation between hip-disease and phimosis. The records of the Children's Hospital, where a great many cases of hip-disease are treated annually, do not accord with the idea."

In another part of his communication the writer says: "I myself do not doubt that, in cases of phimosis, the nocturnal incontinence is due to reflex irritation. In some cases the irritant is the smegma behind the corona which keeps up a constant excitation."

Whether observations enough have been made to indicate that

the phases of incipient hip-disease may be a sequence of balanitis and phimosis I am not, from reading and experience, prepared to affirm. Morbid coxal phenomena are not uncommon in childhood, whether phimosis exist or not. There is nothing inconsistent in the assumption that balanitis may simulate the signs of morbus coxarius.—H., in *Eclectic Medical Journal.*

## SELECTIONS.

### *ACUTE MANIA IN A CHILD OF FIVE YEARS—RECOVERY.*

The patient, a little girl, was admitted to the Liverpool Infirmary in June, 1884. She had always been delicate and nervous, but had had no acute disease. For two months she had lost appetite and flesh, was languid and inclined to sit about much. The bowels were constipated. She was very timid and easily frightened by trifles. Two days before admission she became wildly excited by the light from a candle in an adjoining house shining across her bed. She continued in this condition up to the time of admission.

The mother was a nervous woman, and the father (dead) had been very intemperate. There was no history of insanity, epilepsy, or consumption in the family on either side. The child was small, poorly nourished, cheeks flushed, tongue furred, temperature normal; expression indicating intense mental excitement, now wild, now terrified, brows knit, hands clenched, movements incessent, leaping out of bed every minute, clutching wildly at those restraining her, crying out "Who was it," "Were you there then," etc.

She was isolated and put upon brom. potass. gr. x. and chloral gr. v. every two hours. In spite of this, her ravings continued most of the night and her temperature rose to 102.6°; pulse rapid and small; profuse diaphoresis. The urine was normal. Bromide and chloral failing to give any but the most transient relief.

Hyoscyamine was begun after a couple of days in one-thirtieth gr. doses by the mouth. This dose was followed by a quiet sleep of several hours almost uniformly. This was given twice a day, but sometimes had to be repeated at shorter intervals. These paroxysms gradually became less frequent and less severe and at the end of four weeks ceased altogether. She was kept under observation a couple of months more and then discharged, having shown no tendency to relapse.

It is a matter of interest to note that the child took eighty grains of the bromide and forty of chloral in twenty-six hours without much effect. The effect of the hyoscyamine was very striking and seems to have cut short the attack. In one instance one-twentieth gr. by the mouth having failed to give relief, a couple of hours later one-fortieth gr. was given hypodermically, followed by almost instantaneous effects. These doses would be equivalent to about two-fifth gr. in the adult.—*Archives of Pediatrics.*

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## *ABOUT GRAY HAIR.*

The heroine of a popular play is made to exclaim that she never considers a man old until he is fat and bald.

She was quite right in omitting gray hair as a sign of age. Though it is generally esteemed so, there are too many exceptions on both sides to allow it as an infallible sign.

Many persons begin to show gray hairs while they are yet in their twenties, and some while in their teens. This does not by any means argue a premature decay of the constitution. It is a purely local phenomenon, and may co-exist with unusual bodily vigor. The celebrated author and traveller George Borrow turned quite gray before he was thirty, but was an extraordinary swimmer and athlete at sixty-five.

Many feeble persons, and others who have suffered extremely both mentally and physically do not blanch a hair until past middle life; while others, without assignable cause, lose their capillary coloring matter rapidly when about forty years of age.

Race has a marked influence. The traveller, Dr. Orbigny, says that in the many years he spent in South America he never saw a bald Indian, and scarcely ever a gray-haired one. The negroes turn more slowly than the whites. Yet we know a negress of pure blood, about thirty-five years old, who is quite gray.

In this country, sex appears to make little difference. Men and women grow gray about the same period of life.

In men the hair and beard rarely change equally. The one is usually darker than the other for several years; but there seems no general rule as to which whitens first.

The spot where grayness begins differs with the individual. The philosopher, Schopenhauer, began to turn gray on the temples, and complacently framed a theory that this is an indication of vigorous mental activity.

The correlation of gray hair, as well as its causes, deserve more attentive study than they have received. Such a change is

undoubtedly indicative of some deep-seated physiological process, but what this is we can only ascertain by a much wider series of observations than have yet been submitted to scientific analysis. —*Med. and Surg. Reporter.*

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## *URINARY INCONTINENCE IN CHILDREN.*

In reply to a question of Dr. T. G. Comstock, in his paper on Urinary Incontinence in Children, if any of your readers ever had to adjust a truss for hernia in a Jewish child, I can answer yes. In three cases I have applied a truss. I am not positive in regard to the cause of the rupture, but am certain that it was not caused by an elongated prepuce, since they were all circumcised when only a week old, and the skin was well drawn back over the glans penis. Also no later than 16th Aug., 1884, Mr. C. called on me at my office to consult me in regard to his two sons, Harry and Benny, aged respectfully 11 and 9 years, about wetting their clothing and bed; they are Jewish children and were circumcised, according to the Jewish religion, when a week old. Their father tells me they had been wetting their clothing, etc., for several years and had been under the care of a practitioner in this city for a long time without much benefit. I inquired into their history and habits, and I cautioned the father not to punish them and to be more guarded about their diet, to have them abstain from all stimulating food and liquids towards evening and bed time; I put them on bromide of potassium and fl. ext. bellad. three times a day; in one week Harry, aged 11 years, reported that he hadn't wet the bed since he began taking the medicine. Benny was better but occasionally wet the bed; I continued above treatment and also ordered for him 5 gr. benzoic acid three times daily; he began to improve and at this writing both are cured.—Dr. R. A. Gumberts.

Dr. W. J. Willim, of Atlantic, Ia., suggests the employment of tr. ferri chloridi in doses of 5 to 10 drops three times daily. He states that he has used this drug in a number of such cases, and in nearly all it has given almost instant relief. In some cases, however, the incontinence may be due to an elongated prepuce; circumcision is then indicated.

[In some instances the reaction of the urine will be found to be abnormally acid from excess of uric acid, which will be found in crystalline form on microscopic examination of the urine. Alkalies and the reduction in the amount of nitrogenous food, particularly in the evening meal, are then indicated.—Ed.]—*Therapeutic Gazette.*

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We manufacture two sizes of these Quinine-Filled Soft Elastic Capsules, containing, respectively, 1, 2 and 3 grains, and 4 and 5 grains of the salt. While each of these two sizes contains a different quantity of quinine the bulk of the contents does not vary with the quantity of the drug, the capsule being completely filled, in the case of the smaller quantity, with sugar of milk. Thus in the first size the capsule containing one grain of quinine contains two grains of sugar of milk, and that containing two grains of quinine being filled out with one grain of sugar of milk.

We have been led to put up quinine in this form through the great popularity which our Soft Elastic Liquid-Filled Capsules have achieved in the short period since our introduction of them. For those who are familiar with the latter the Quinine-Filled Soft Elastic Capsules will require no commendation.

An additional advantage possessed by these capsules is the fact that the quinine entering into each one of them is separately weighed before being encapsuled. We are thus enabled to guarantee the absolute correctness of the amount claimed on the label.

These capsules are put in boxes containing 1 doz., 2 doz., 3 doz., and 100 in each. Owing to their soft nature, to put them up in bottles, after the manner of pills or hard capsules, would be to expose them to the risk of molding and to distort their shape.

Both the manufacture and the packing of these capsules require especial care. We, therefore, in order to guard against the imposition of imitators, have sealed each box put up by us, and disclaim any responsibility for any which are taken from a box the seal of which has been broken prior to its coming into the purchaser's possession.

We respectfully ask a trial of these capsules at the hands of the profession, feeling confident of a favorable judgement.

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The remarkable discovery announced last October that a solution of muriate of cocaine applied to the conjunctiva of the eye produces complete anæsthesia of that sensitive membrane, has created a demand for the salts of this alkaloid which it has been difficult to supply,

Coca leaves are scarce, and held at a very high figure, and the scarcity is likely to continue for some time. We have, however, been fortunate in securing a supply of leaves of good quality, and are now in position to fill all orders for the alkaloid or its salts.

The extraordinary power of cocaine salts to obtund the sensibility of the delicate membrane of the eye has suggested trial of its powers on other mucous membranes, as those of the throat and respiratory passages, the urethra and genital apparatus, etc., and the results have exceeded the most sanguine expectations Its almost instantaneous effect in relieving the excruciating pain in otalgia, in some cases of supra-orbital neuralgia—probably of reflex origin—and in toothache, where the nerve is exposed, should secure for it a place in the pocket medicine case of every physician.

Cocaine salts, however, have no appreciable action on the deeper tissues unless given by hypodermic injection, but when so administered are capable of affording great relief in some painful affections. The medical journals are full of accounts of the triumphs of this new local anæsthetic, which is sure to hold a rank hereafter in the materia medica with opium and quinine

We offer the following preparations of cocaine:

### Cocaine Alkaloid.

In 1 gramme vials, per gramme..... $5.00
In 5 and 10 grain vials, per grain.... .35

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In 1 gramme vials, per gramme..... 5.00
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Salt, Amorphous.

In 1 gramme vials, per gramme..... 5.00
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### Cocaine Muriate.

2 per cent. solution.

In 1-8 ounce vials, per ounce..... 5.00

### Cocaine Muriate.

4 per cent. solution.

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Containing 5 per cent. of the alkaloid.

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In 1 gramme vials, per gramme..... 5.00
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4 per cent. solution.

In 1-8 ounce vials, per ounce..... 6.25

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## *EXTERNAL MIGRATION OF THE OVULE.*

As is well known, the ovule set free by the rupture of the ovisac passes through the oviduct of the same side to the uterine cavity; thus, when the ovule is furnished by the right ovary it enters through the right oviduct to the uterus. But occasional cases were observed in which, for example, the recent corpus luteum was found in an ovary, the corresponding oviduct being obliterated, and hence the natural conclusion followed that an external migration of the ovule had occurred, by which it had passed over to the opposite oviduct, and through it had entered the uterus.

Experimental proof has recently been given of the truth of the hypothesis just stated. Dr. Buzzi, (*Annales de Gynecologie*, January,) wishing to study extra-uterine pregnancy, tried to produce this result in ten rabbits upon which he experimented. He removed in some cases the ovary of one side, and tied the abdominal end of the oviduct of the opposite side; in others he removed the ovary, and then tied and divided the uterine end of the oviduct. Of course in the latter case, supposing the left ovary to have been removed and the oviduct tied and divided, the spermatozoids might pass through from the uterus to this opening, and thence in the abdominal cavity to the right ovary. He hoped by the difficulties thus put in the way of the migration of spermatozoids and of ovules to cause an extra-uterine pregnancy. The animals were placed with a male, and after some months one of them had young, and it was then killed. Examination proved that the ovules impregnated came from the right ovary, though the right oviduct had been tied and divided, as has been stated, just at its entrance into the wall of the uterus. Further, the impregnated ovules had gained the uterine cavity through the left oviduct. The proof thus given of the external migration of the ovule is conclusive; it cannot be invalidated by the possibility, which has been suggested in regard to the ovule in the human subject where such migration was alleged, that the obliteration of the oviduct occurred after impregnation.—*Medical News.*

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## *SHOULD A PERSON AFFECTED WITH PSORIASIS MARRY?*

This interesting question was brought before the New York Dermatological Society (Dec. 23, 1884,) by Dr. Piffard, who said that he had a patient suffering from a moderate psoriasis, who asked him his opinion as to the proprietory of marrying.

Dr. Piffard said that he would like to have an expression of opinion from the members of the Society, on the subject.

Dr. Taylor said that he had seen many cases in which psoriatic patients had perfectly healthy children. In giving an opinion, he would be influenced by the length of time the eruption had existed, as well as its activity. If the question were propounded to him, he would say that if the patient suffered continuously from the disease, or if the attacks were severe, he would advise the patient not to get married; but if the attacks were ephemeral, he did not see any objection to marriage. In his mind there was no question as to the heredity of psoriasis, but it was generally in inveterate cases of long standing.

Dr. Sherwell could see no reason why a patient thus affected should not get married. He looked upon psoriatic patients as among the strongest persons. He had seen only one unhealthy patient, among several hundred, and he had fibroid phthisis. In fact, he believed that the occurrence of psoriasis was an indication of health.

Dr. Robinson would certainly advise psoriatic patients not to get married, unless there was some other good reason aside from the question of health. He said that psoriatic persons were often unhealthy, and cited a case of a patient with psoriasis in whose immediate family two persons died of phthisis and another had scrofuloderma.—*Medical and Surgical Reporter.*

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## *TELESCOPIC CATHETERIZATION.*

Dr. A. E. Dugas, of Augusta, Ga., sends us an account of a method employed by him in cases of retention from so-called impermeable stricture of the urethra. He takes the largest sized gum-elastic catheter which will enter the meatus, passing it down until arrested at the narrowed portion of the urethra. It is then withdrawn, cut off just above the eye, the edges smoothed off, and then reinserted. When it has passed as far as it will go the end is cut off about an inch from the meatus, and the rest of the tube tied so as to prevent slipping from the canal. Now another catheter is chosen of a size that will just pass through the one *in situ*, and is inserted as far as it will go. It will probably pass farther than the first one, but if not, a smaller size must be selected. If this do not enter the bladder it is to be passed as far as possible, and then the eye cut off as in the first case. Now a third catheter passed through number two will almost surely enter the bladder, except in the very worst cases. The larger or outer instruments serve, Dr. Dugas states, not only to ward off and exhaust the contractions of the urethra, but also act as a stiff

handle to direct and guide the smaller and more flexible instruments passing through them.

In connection with this subject the writer states his belief that a great many more cases of retention of urine are due to some slight derangement of the kidneys than to the urethra. And he says that he has "frequently relieved such cases like magic by a dose of nitrate of potassa, say ten or fifteen grains, twice a day or oftener. The trouble is not that there is too much water in the bladder, but that what water is there is very irritating, and the urethra being more or less strictured revolts against its passage."—*Medical Record.*

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## *DOUBLE UTERUS AND VAGINA.*

Dr. Wm. Goodell described a case which had been sent to him on account of pain in the back, various nervous symptoms, and difficult coition. The vagina was double throughout its entire length. Entrance had apparently been effected indifferently on either side of the septum. The cervices were united like the barrels of a double-barrelled gun. There was a slight divergence of the upper third of the fundus. The sound entered three inches into each cavity. The septum vagina was divided up to the cervix, and her physician reports great relief to the general symptoms.

Dr. C. McClelland described a similar case. Pregnancy had progressed to the third month when the case came under his observation. The vaginal septum was complete. The external contour of the cervix was normal, but the septum, extending from the os to the fundus, divided the cavity into two parts. The prominence of the uterus was greater on one side of the abdomen. The sound was not passed. The vaginal septum was divided shortly before labor. A living child was delivered. About the third day after delivery, a mass, apparently of decidua, was thrown off after three or four hours of labor pains. After involution was complete, sounds were introduced into the uterine cavities, and the handles diverged one and three-fourths inches. A second conception occurred afterward on the other side of the uterus.

Dr. Goodell some years ago had under his care a case which he at first diagnosticated as an extra-uterine pregnancy, as he apparently found the uterus empty, passing the sound into it, while undoubted signs of pregnancy existed. The fœtal tumor was larger toward one side of the abdominal cavity, while the uterus was deflected to the other side. He saw the patient every two weeks, and made frequent careful examination. He sent

the patient to the University Hospital, and fixed a day for operation. One day, while lecturing on the case, he had his hand on the abdomen of the patient, and felt a contraction and hardening under his hand. This so resembled the action of uterine tissue that he sent the patient to the Preston Retreat for observation. She was delivered spontaneously.

There was but one cervix and one os, but there was a uterine septum higher up, dividing the cavity into two parts.

Dr. Harris remarked that the observer, in these cases, is liable to be deceived because the enlargement of the uterus causes it to rotate, the empty half of the uterns admitting the sound in the median line. The uterus, too, is generally poorly developed, as this form of uterus is probably the result of arrest of development, and its thin walls do not give, to the palpating hand, the normal sense of thickness and resistance.—*Medical News.*

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## *CONCERNING THE NEW TREATMENT FOR GONORRHŒA.*

Some few months ago there appeared in one of our medical journals an article on the "Treatment of Gonorrhœa," and as the treatment partly consisted in the use of a very reliable antiseptic and germicide, namely, bichloride of mercury, it struck many at once as being a sensible remedy, even if not a practical one, which, of course, could only be ascertained by experience.

Those who were naturally most taken with the idea were the specialists in this line, and I was led to make trial of the same through the influence of one of these specialists.

The process consists first in running through the urethra, from a fountain syringe, two or three quarts of warm water. The catheter is passed back beyond the inflammation in the urethra, and then the water is turned on allowed to run through the catheter, and so on out again by the side of the catheter, not entering the bladder. The water first is made comfortably warm, and gradually made warmer until the patient complains of it being too warm; thus of a gradually warmer degree about three quarts are allowed to run through. Then immediately after a solution of $\frac{1}{1\,000}$ to $\frac{1}{2,000}$ of the bichloride is passed through in the same manner. After three or four such injections the germs are supposed to be killed, and the patient promptly recovers.

My experience thus far is comparatively limited, only having tested it on four cases, in two of which the treatment was successful and in two not.

The first case that presented itself to me, and upon whom it worked successfully, was one whose discharge appeared about

thirty-six hours after intercourse. This short period of incubation led me to think it was urethritis, and I still think it was. After the first injection the discharge was at no time more than a moistening of the lips of the urethra, and after the fourth injection I dismissed him well.

The second case was where the discharge came on about four days after exposure, and which had been discharging for twenty-four hours before I saw it. This treatment was commenced at once, and was kept up until five injections had been given him in five consecutive days, after which the discharge began again, and I put him on the old-established treatment. During the time of giving the injections the discharge was very little.

The third case was one again where the discharge came on again about forty-eight hours after exposure, and he came to me immediately. After using three injections, as described above, the discharge ceased and did not return.

The fourth case was one where no discharge appeared until the eighth day after exposure. Being anxious to make a more extensive and thorough trial of the treatment, I gave this man nine injections, as I was positive it was gonorrhœa. After he had taken the nine injections, ranging from a $\frac{1}{500}$ solution to a $\frac{1}{2,000}$ solution, he came back on the second day following the last injection with a discharge as bad as in the beginning, and I was compelled again to resort to another kind of treatment.

In the above cases there was every indication that the two instances where the new remedy worked well were simply cases of urethritis, and the two cases where it failed were without doubt, in my mind, true gonorrhœa. Hence from this small data I came to the conclusion it had no merits in the treatment of true gonorrhœa, or at least would not effect a cure within the limits prescribed for it.—E. Blackwell, M. D., in *Medical Record.*

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## *LEUCORRHŒA: ITS CAUSES, SYMPTOMS, AND TREATMENT.*

A mucous or muco-purulent discharge from the genitals of female children is by no means an uncommon occurrence, being found sometimes with new-born infants. It is most common among children five or six years of age. Its causes may be want of cleanliness, habitual contact of urine, or sebaceous matter, herpes, impetigo, and eczema. Also masturbation, *oxyuri vermiculares*, attempts at rape, the active elements of certain general diseases, such as enteritis and diphtheric affections, and the strumous diathesis. The discharge is most

profuse in spring and early summer, and, in addition to the causes already mentioned, it is modified by conditions of alimentation, habitation, and clothing. In connection with the discharge, which is annoying in itself, there sometimes occur pains in the region of the sacrum or coccyx, pallor of the skin, weakness, capricious appetite, and weak pulse. The *pruritus* which affects the parts bathed by the discharge is sometimes intolerable. After a time the mucous membrane of the vulva and lower part of the vagina becomes softened and thickened, it surface becomes eroded, or ulcerated, and unilateral or bi-lateral adenopathy may develop. As a rule, the younger the chlld the less intense the disease. As puberty is approached the severest symptoms are noticeable. As to treatment, vegetable tonics for the general condition are usually indicated; locally, strict cleanliness must be insisted upon, and, if possible, the use of alkaline or sulphur baths. For irrigation of the genitals solutions of sulphate of zinc, or soda, or of acetate of lead, nitrate of silver, or hypermanganate of potash, may be used to advantage. Any coexisting disease, as herpes, rheumatism, or helminthiasis, must be treated upon its own merits, and its relief may remove the fundamental cause of the leucorrheal discharge.—*Arch. of Ped.*

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## *HYDROCELE IN THE FEMALE.*

Hennig of Leipsic, read a paper on this subject before the Society of German Naturalists and Physicians, in Magdeburg.

Hydrocele in the female, he said, was very rare; he has been able to find only thirty-nine cases recorded in literature, and had two cases in his own practice. Apart from their interest to the gynecologist, these cases merit the attention of accoucheurs, as hydrocele may render delivery very difficult, or even impossible; furthermore, the exudation, by passing up the inguinal canal into the abdomen, during labor, may cause peritonitis; three instances of this accident are recorded. It may also cause sterility; a case is reported in which sterility of fourteen years' standing was cured by removal of the hydrocele. Zuckerhandl made post-mortem examinations of the bodies of nineteen young girls, the ages ranging from one to twelve years; in four cases he found the so-called Nuck's diverticulum, bilateral in three cases. If the hydrocele communicates with the abdominal cavity, the contents may be forced out into the cavity. In many cases small sacs are found in the course of the round ligaments; they are liable to occur after traumatism, and to become inflamed.

Hydrocele occurs from the seventh to the seventieth year, and is more frequent in women who have borne children than in

nulliparæ. In 8 cases it was on the right side, in 6 on the left, in 2 it was bilateral. Of 40 cases, the hydrocele completely filled the canal in 25; of these, 3 did not communicate with the abdominal cavity, and 15 were closed cysts. In five cases the fluid was bloody.

The affection begins painlessly. At first the swelling is slight, and disappears on lying down. Though there is seldom any fever at first, it comes on when the hydrocele becomes inflamed, which may occur from excessive tension. Erysipelas has also been observed before an operation. Hydrocele in the female has been mistaken for hernia,; the diagnosis can be easily made in some cases by the use of the aspirator needle. The hydrocele has been known to suppurate in a few cases, but the suppuration has hever extended to the abdomen. Of 28 cases of hydrocele, 23 were cured, and the hydrocele returned in 5 cases. The treatment consists at first in placing a bandage over the sac, and later in making an incision and filling the sac with charpie.—*Medical and Surgical Reporter.*

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## *PRECOCIOUS MATURITY.*

While it has been proved that race, climate, mode of life, and heredity are important factors in determining the time of the first menstruation, that, which has been called by Raciborski the genital sense, may have a greater power than all of these. This genital power varies in individuals, and hence we find a difference in individuals living in the same climate, and apparently surrounded by the same circumstances and under the same influences, as to the time when the first menstrual flow occurs. The great energy of the genital sense explains, too, the advent of menstruation in those who, so far as their age is concerned, are mere children, or even infants. Examples of these "emmenic monstrosities" are occasionally reported in medical journals, and recently Dr. V. Gautier has collected, in the *Journal d' Accouchements*, forty-one instances of what is called precocious maturity, and presents some interesting facts in regard to them.

In about one-half the cases menstruation appeared in the first year; adding to these those in which menstruation occurred in the second year, the number first menstruating within two years becomes more than one-half. Dr. Gautier justly observes that menstruation within the first two years is so striking a fact, that all cases of this kind are published, while with each added year the occurrence is not so remarkable, and hence the cases are not so generally reported. He believes that, while examples of menstruation at seven or eight years have been published, he is the

first to record a case of menstruation between five and six years. One of the most interesting cases the author has given is that of a girl dying at three years and a half from a hematocele, an external flow having been impossible because of genital atresia.

Those who have met with cases of precocious menstruation—we have seen a girl who menstruated at three years and a half—have observed that the menstruation is but a part of the evidence of early puberty. These emmenic monstrosities have a physical development far beyond their years, or, as it may be, months; their weight is four or five times greater than that belonging to their age, and the pelvis and the mammary glands have undergone a precocious development. The exception to this rule is furnished by infants who have a hemorrhage from the sexual organs at birth, which returns with more or less regularity; in these cases no similar development has been seen.

It is very natural and very common for mothers to be anxious in regard to children manifesting the signs of precocious maturity; this is especially true if the puberty is shown by menstruation. The family physician will usually be applied to for some means to stop the periodical flow. Of course, however, he will recognize the wisdom of non-interference, carefully abstaining from remedies to check a physiological discharge, and directing his attention to the child's general health.—*Medical News.*

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## *THE TREATMENT OF CORPULENCE ON PHYSIOLOGICAL PRINCIPLES.*

As analysed by the *Birmingham Medical Review*, Nov., 1884, Ebstein, in his work on corpulence, gives some valuable practical points for the reduction of obesity. According to him, fattening is strictly analogous to the fattening of cattle, and depends on over-feeding. He, however, disputes the current view that fat makes fat: on the contrary, he thinks fatty food protects the albumen and prevents its forming fat. His plan of treatment, therefore, consists in moderating the quantity of food, and while cutting off all vegetable carbo-hydrates, sugar, starch, etc., allowing a moderate quantity of fat, two or three ounces daily, to be taken. He also suggests that the diet should be monotonous, greasy, and succulent, so as to cause satiety rapidly. He disallows beer, but permits light wines.

The plan advocated appears rational, and is free from the objection to Banting's method, which is too much like starvation. The following is the diet used successfully by Ebstein in one of his cases:

*Breakfast.*—One large cup of black tea—about half a pint—

without sugar; two ounces of white bread or brown bread, toasted, with plenty of butter.

*Dinner.*—Soup, often with marrow; from four to six and one-half ounces of roast or boiled meat, vegetables in moderation, leguminous preferably, and cabbages. Turnips were almost, and potatoes altogether excluded. After dinner, a little fresh fruit. For second course, a salad or stewed fruit without sugar. Two or three glasses of light wine, and immediately after dinner a large cup of black tea, without milk or sugar.

*Supper.*—A large cup of black tea, as before. An egg, a little fat roast meat, or both, or some ham with its fat, bologna sausage, smoked or fried fish, about one ounce of white bread, well buttered, occasionally a small quantity of cheese, and some fresh fruit.

On this diet the patient lost 20 pounds in six months.

Ebstein insists on the necessity of always keeping to the restricted diet if the tendency to corpulence is to be successfully combated.—*Therapeutic Gazette.*

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## *FIBROID TUMORS OF UTERUS—REMOVAL OF UTERUS, TUMORS, AND OVARIES.*

At a meeting of the New York Pathological Society, Dr. H. Marion Sims presented a specimen accompanied by the following history:

Miss X——, aged thirty (born in England), consulted me in January, 1884. She gave the following history: Menses not at all regular for some months past. Last from six to twelve days, and occur again in eighteen or twenty days. Loses a great deal of blood, using as many as twenty-four napkins in twenty-four hours. Severe pain across abdomen for three or four days before menses begin. Feels weak and exhausted for several days after the period is over. Has severe pain at times over left ovarian region. Says she knows she has a tumor, but never felt any pain until a "lump" began to grow in the tumor. General health fair. Has to take iron tonics. First noticed the growths two years previously. Has increased in size about the abdomen during the past three or four months. Bowels regular.

Examination showed the uterus to be four and one-half inches deep, with three distinct tumors attached—a central and two side ones—very hard and not very sensitive to pressure. The uterus was not movable independently of tumors, but, as a mass, could be freely moved from side to side. I began by treating her with hypodermic injections of 8 drops of the "ergotinine" of Tauret, administered in the abdominal walls two or three times a week.

This had the effect of controlling the severe loss of blood, so that the menstrual flow came on once in twenty-four to twenty-eight days, and lasted only from three to six days. It had no effect whatever on the growth. Her general health improved rapidly. She became ruddy and much stronger. During my absence in Europe last summer the hypodermic injections were not continued, and on my return I found her in a worse condition than before, daily growing weaker, and the tumor on the left side of the uterus had grown so rapidly that it gave her a great deal of pain and inconvenience. An operation was advised, and readily acceded to, although several of London's most eminent surgeons had warned her never to have any operative interference. The usual incision was made, and the whole mass—uterus and eight distinct fibroid tumors—lifted up. Both ovaries were cystic and enlarged. The whole were gathered up in a bunch, and a rubber ligature firmly tied about the whole about on a level with the os internum. Skewers were then run crosswise below the ligature, so as to hold the pedicle firmly in position. The tumors, uterus, ligaments, and ovaries, were then cut through. Antiseptic dressing around stump and wound. The pedicle sloughed through on the thirteenth day, and came off, together with the skewers and ligatures. Highest temperature reached was $102\frac{1}{5}^{0}$, and pulse never went above 114. It is five weeks to-morrow (February 12th) since operation, and patient is now sitting up all day, and walking about room.—*Medical Record.*

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## *ADMINISTRATION OF MEDICINAL SUBSTANCES TO NURSING WOMEN.*

The author insists upon the importance, from a medico-legal point of view, of the question which is involved in the title of his paper, considering the extreme susceptibility of new-born infants to medicinal substances taken through the medium of the mother's milk. A series of experiments were made to determine the time required for these substances to traverse the system of the child after their reception into his stomach. Iodide of potash and salicylate of soda were first experimented with, and were constantly found in the infant's urine from one to two hours after they had been put at the breast. Iodoform sprinkled upon a contused wound of a woman in labor was soon afterwards detected in the urine of the new-born babe. Mercury was recovered in quantities too small for exact estimation. Acids—such as hydrochloric, citric, and acetic—administered to the mother exercised no appreciable effect upon the functions of the child. The same was found to be true of the narcotics,—opium,

morphine, and chloral,—which were not discoverable in the urine of the children experimented upon; while atropine, administered in large doses to a nursing woman, was manifested in her child by dilatation of his pupils. The conclusion is that medicinal substances can be administered to nursing women without harm to their offspring, in sufficiently large doses, if care is taken to guard against a cumulative action on their part. —A. F. C., in *Archives of Pediatrics*.

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## *THE TREATMENT OF ACNÉ ROSACEA.*

Dr. Tom Robinson thus writes in the *Brit. Med. Jour.*, January 17, 1885:

That alcohol does produce in some skins all the degrees of acne rosacea is undoubtedly true; but, to associate all cases of the disease with excessive drinking is unscientific and unfair. I know very many most rigidly careful people afflicted with the malady; and the unpopular name for these red spots being "grog-blossoms," in no way diminishes their suffering.

The treatment may be summed up in a few sentences. It is essential that all those who are afflicted with acne rosacea should abstain from all food which is difficult to digest, such as pork, veal, hashes, stews, and uncooked vegetables; and, as a general rule, from wine, beer, and spirits. The face should not be irritated by common soap, and care should be exercised as regards exposure to the wind and sun. The meals should be slowly eaten at regular hours, and the fluid put into the stomach at the end of the meal.

In the first degree of the disease, it will only be necessary to prevent the development of the papules, by applying a lotion, made with bismuth and the glycerine of starch of the *Pharmacopœia*, diminishing the starch by three-fourths.

When the papules are developed, nothing answers so well as a lotion made with two grains of the bisulphuret of mercury in one ounce of almond-emulsion or glycerine of starch, used every night.

When the inflammation is acute, and suppuration is going on, we must, in the first instance, foment the face with hot water (placing a hot sponge over any troublesome spot is a simple and useful plan); and, when the acuteness of the inflammation has subsided, rub in an ointment made with twenty grains of the yellow oxide of mercury in one ounce of lard, and continue this treatment until the inflammatory process has stopped; after which, the bismuth and starch lotion answers well.

Internally, I always rely upon a mixture made with an

alkaline carbonate; soda, I think, is best. If there be much inflammatory thickening, I add the solution of perchloride of mercury, or if there be any syphilitic tendency to grapple with, I add the Donovan's solution; if scrofula, cod-liver oil; but internal and external remedies are useless where organization of tissue has taken place. I have never seen an operation performed upon the advanced cases of acne rosacea.

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## *HYDROCHLORATE OF COCAINE FOR BURNS.*

In the *Vienna Medical Wochenschrift*, January, 1885, Dr. Weiss makes the following communication:

December 25, I was called to Prof. L——. An atomizer which he was using had exploded, the hot steam badly scalding the Professor's lips, nose, eye-lids, cheeks, and forehead. Pain was so intense that I apprehended general convulsions. I sent for sundry topical remedies, amongst them a two-per-cent. solution of hydrochlorate of cocaine. In the meanwhile I covered the injured parts with pieces of cloth dipped in olive oil; on the top of these I applied ice-water compresses, renewing them every minute, without affording the slightest relief. When the medicaments arrived I touched the injured parts with a hair-pencil dipped in the cocaine solution. I had scarcely finished, when all pain had entirely vanished, without any return. At my visit in the evening I found the patient quite easy and in good spirits.

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## *SUGGESTIONS AS TO THE METHODS OF USING COCAINE.*

Dr. E. R. Squibb, in *Ephemeris* of January, 1885, makes the following practical suggestions as to the manner of using cocaine for local anæsthesia:

In applying the solution to other mucous membranes than those of the eye, a camel's-hair pencil has generally been used, but under the very best management, and upon surfaces made as dry as possible, the pencil leaves but a very small quantity upon the surface, and it is not to be expected that complete anæsthesia is easily attainable in this way, however frequent the applications, and a profuse use of the agent does no good, since it immediately runs off the surface. Neither is it of any use to apply it to surfaces coated with secretions, no matter how thin the coating, if they are of the glairy kind, since efficient contact with the surfaces is then impossible, and the waste is as complete as an application to the skin covered by epidermis. So, on its application to painful ulcers, burns, etc., care must always be

taken to obtain contact of the solution by having the surfaces perfectly clean. In applying it to denuded surfaces and to mucous membranes which will admit it, the best method is to have some light covering of the desired shape and size, that will hold the solution. For this purpose fine thin cotton or linen fabric is much better, and nothing can be better than well-worn fine handkerchief material. This is sufficiently absorbent to hold the dose, and thin enough to avoid waste, and to be closely applicable to irregular surfaces. When touched in situ, for resupply, the brush should be applied to the upper edge of the tissue, so as to run down through it before draining off, and the smallest possible quantity should be applied at a time if waste by running off would be avoided. Much solution is wasted by the use of camel's-hair pencils many sizes too large. Indeed, it is hardly possible to get a brush too small to convey this solution economically, unless large surfaces are to be coated. In the use of a brush for applying the solution it should never be dipped into the vial of solution, because it carries back secretions and excretions, which rapidly spoil the remaining solution, and it is thus wasted. The proper way is to drop out the quantity to be used on the bottom of a tumbler or a wine glass, and dip the brush in this until it is all used, never putting any back into the vial. In this way any desired quantity may be used and none be spoiled or wasted. From reading the published accounts of the application of the solution, it seems highly probable that more of it is wasted than is really utilized, and if this waste could be stopped without increasing the number of failures, the price of the chemical would soon come down.

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## *TREATMENT OF CHRONIC DYSENTERY BY VOLUMINOUS INJECTIONS OF NITRATE OF SILVER.*

At the meeting of the Clinical Society of London, held Nov. 14, 1884, Dr. Stephen Mackenzie stated that extended experience had strengthened his belief in the value of large enemata of nitrate of silver in the treatment of cases of chronic dysentery, or dysenteric diarrhœa. The mode of procedure he adopted was as follows: The quantity of nitrate of silver to be used was dissolved in three pints of tepid water in a Leiter's irrigating funnel which was connected by India rubber tubing with an œsophageal tube with lateral openings. The patient was brought to the edge of the bed and made to lie on his left side, with his hips well raised by a hard pillow. The terminal tube, well oiled, was passed about eight or ten inches into the

rectum, and the fluid allowed to force its way into the bowel by gravitation. The injection rarely caused much pain, and often none. It usually promptly returned, but when long retained, it was advisable to inject chloride of sodium to prevent absorption of the silver salt. Varions strengths had been used, from 30 to 90 grains to three pints of water, but usually one drachm of nitrate of silver was employed. The treatment was based on the view that whatever the nature of dysentery, whether constitutional or local in the first instance, the later effects were due to inflammation or ulceration of the colon which was most effectually treated, as similar affections elsewhere, by topical measures. Sometimes one, sometimes two injections were required, and in some cases numerous injections were necessary; but in all the cases thus treated, many of which had been unsuccessfully treated in other ways previously, the disease had been cured.

In most cases other treatment was suspended, but in some Dover's powder, or perchloride of iron, which had been previously administered, was continued or subsequently prescribed. The cases narrated were:

1st. In which the disease had lasted several years on and off; two injections were used, and the case was cured in six weeks.

2d. Second attack, duration uncertain; four injections used; cured in five weeks.

3d. Duration two months; two injections used; cured in three-and-one-half weeks.

4th. Duration, five years; one injection used; cured in three weeks.

5th. Duration, eighteen months; two injections used; cured of dysenteric symptoms, but remaining under treatment for diabetes.

6th. Duration, fourteen months; one injection used; cured in seven weeks.

The treatment, which laid no claim to novelty; was brought forward to elicit the experience of others who had tried it, or to induce others to employ it in suitable cases.—*Medical Press and Circular.*

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## *THE RELATIONS BETWEEN THE TEETH AND THE WOMB.*

Dr. S. W. Caldwell, of Trenton, Tenn., publishes the following peculiar case in the *Mississippi Valley Medical Monthly*, January 10, 1885:

Recently, while spending the night in the sickroom, I had as company a married daughter of my patient, an intelligent lady,

aged about thirty-two years, who related the following—to me—most singular phenomena. Said she: "I am the mother of five living children, one dead. My terms of gestation are unmarked by anything unusual. My labors last about eight hours on an average. My last came as usual with me—pain beginning in the back, passing down to the lower part of my bowels. When I had been in labor about an hour, the pain suddenly ceased in my back and womb, but set up in a tooth that had been aching several times during the past nine months. The pain was paroxysmal, coming and going just as it did in the womb. The pain was in my tooth when my physician came, and he wanted to pull it, but it being one of but few remaining molars, I said to him that the cavity in it was small, and that I wanted it filled—couldn't he put something in it and stop the aching? He put cotton saturated with chloroform in the cavity. The pain left the tooth to appear in the back and womb; but the effect soon passed off; the pain in a few minutes returned to the tooth, to be again and again relieved by the chloroform; the doctor said no progress was being made in the labor, and that in his opinion none would be till that tooth was removed."

"Did he say he had ever seen or heard of such a case before?"

"No, sir. Twelve hours had now passed; my former labors had none gone over eight—generally six hours terminated them. I had become, I thought, exhausted, and asked the doctor to pull my tooth, which he did, and my baby was born in an hour."

The attending physician in the above case, and with whom I was personally well acquainted, died not long after, so that I cannot give his history of it. My knowledge of the lady, though, justifies me in giving full credence to her statement.

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## *THE DUBLIN TREATMENT OF OPIUM-POISONING.*

The following case, although it may not be instructive in a professional way, may be entertaining. "It is a true story." Among the students residing with Dr. H——, of Dublin, was a young man, who had received a very severe wound to his tender emotions in an *affaire du cœur*. One morning he was absent from the breakfast-table, and, as he had shown symptoms of "indisposition" for several days, a student was sent to his room to inquire into the matter. It was found that the young man had been taking laudanum, for a small bottle labelled tr. opii, and nearly emptied, was on the table by his bed, and deep sleep seemed to have overcome the victim of woman's treachery.

Hastening down to Dr. H——, the student informed him of the dangerous condition of his medical brother up stairs. The doctor did not seem inclined to hasten, however, but, to the amazement of his scholars, went to a little closet and brought out a stout rawhide. Ordering a cup of coffee and some emetics, he proceeded to the chamber of the supposed suicide. The rawhide was concealed. A good emetic was administered, and afterward some strong coffee. "Gentleman," said Dr. H——, "we have here a very interesting case of attempted poisoning with laudanum. The emetic, which I have administered, has happily proved successful, and the patient has received a cup of strong black coffee. He still remains in a drowsy, sleepy condition, and this, gentlemen, as you are well aware, is of the greatest danger. Out of this sleepy state he *must* be brought, and he must be kept clear from it. I will remove the bedclothes." So saying the doctor pulled down the bedclothing, exposing the strong limbs of the youthful Æsculapius. *Whack* went the rawhide well across them at the same moment, skilfully applied by the patient's preceptor. Again the whip descended, and the poor student, smarting with pain, sprang from the bed and tried to escape. The strong arm of the doctor secured him, and the rawhide continued its cruel work. "Stop in mercy, stop!" cried the miserable youth. "Gentlemen," said Dr. H.——, "in cases of this kind it is your duty to keep the patient awake, and to endeavor to save his life. If you are hindered in your efforts by any false ideas of pity, of over-sympathy, you wrong your patient, and must be responsible for the consequences." Down came the cruel hide again, and, smarting with pain, the poor victim howled for mercy. "Gentlemen," exclaimed the doctor, "let this be a good lesson; never give up a case of opium-poisoning. As long as the patient is awake, there is hope, and you must keep him awake." Again the hide descended and again, until at last the poor fellow protested that he had only swallowed a drop or two to make him sleepy, and that it was all pretence. "Gentlemen never be influenced by the cunning of would-be suicides, who strive in every way to deceive, in order to make their dreadful attempts successful." Down came the hide again, and the poor sufferer began to think the misery would never cease. With a farewell cut the doctor let him creep into bed again. "Gentlemen, I think we can now leave our patient with safety to himself," and turning to the sobbing student, he said: "If you ever really wish to terminate your life, which God forbid, go to some lonely place and do it, and keep your fellow-mortals free from the agonizing suspense."—W. T. Parker, M. D., in *Medical Record.*

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| Soda | ⅓ " |
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Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

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**Hydrastia Sulph.** (Berberina Sulph.)—**Merrell.**

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

Approximate Solubility in Cold Water, - - - - - 2 1-2 gr. to 1 oz.
" " " Hot Water, - - - - - 12 " 1 oz.
" " " Alcohol, - - - - - 3-4 " 1 oz.

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - - grs. x. }
Mucilage Aciaca, - - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - - oz. iv. }

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
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For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

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For further information, consult our circular, on the uses of tnis salt.

**Pepsin** (Re-precipitated.)—**Merrell.**

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

**Solution Bismuth and Hydrastia—Merrell.**

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

**Salicylic Acid** (in Crystals.)—**Merrell.**

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

**Tincture Gelsemium—Merrell.**

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**Extract of Malt,** (New Process.)—**Merrell.**

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**Liquor Secalis Purificatus—Merrell.**

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## *RECTAL ALIMENTATION.*

This subject is so interesting and important that we cheerfully reproduce the following case which Dr. Taylor reports in the *Cincinnati Lancet and Clinic*, February 7, 1885:

A married woman, twenty-five years of age, had had purpura hemorrhagica; she recovered from this sufficiently to take a trip, and seemed to be well when she came home. Suddenly, she was affected with a most excessive uterine hemorrhage, which came on at the time of her normal menstruation. The speaker was summoned and found the woman very pale and much prostrated, with great coldness of the surface and of the extremities particularly; a pulse of 140, weak and thready; and vomiting of the most aggravated character. The vomiting was constant, and everything swallowed was instantly rejected by the stomach. Three teaspoonfuls of ice-water were vomited as soon as taken. No nourishment whatever could be given to the patient in the ordinary way. The speaker, therefore, ordered an injection every three hours of four ounces of milk with ten drops of denarcotized opium; this was continued for ten days, and nothing else given, though attempts were several times made to administer nourishment by the mouth, but this was invariably followed by severe vomiting. However, the serious symptoms gradually disappeared; it finally became possible to give the patient food and medicine by the mouth; she became stronger, and had a better color. During the whole time the woman was very thirsty, and would beg for water, but this was instantly rejected.

The bowels moved once in a couple of days, the passages being soft; the urine was very little in amount. There was no hysterical element in the case, though the woman was nervous. —*Med. and Surg. Reporter.*

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## *THE TREATMENT OF ACUTE GONORRHŒAL EPIDIDYMITIS BY THE APPLICATION OF CLAY TO THE SCROTUM.*

Before describing this method of treatment of epididymitis recommended by Dr. Loucachevitch, a few words as to the popular employment in Russia of clay as a medicament may not be out of place, particularly as the custom has also the scientific endorsement of Prof. Botkine. In the district of Riazane, according to the *Travaux de la Societe Medicale de St. Petersbourg* (published in the Russian Language) the peasants frequently employ a mixture of clay and vinegar as a cooling local application in fevers. In Wologda the women sooth the

pains of hysteria by the application of clay to the soles of the feet; and the russian Surgeons ZABLOTZKI and CHIPOULITZKI, as well as the celebrated PIROGOFF, often employed clay with success in the treatment of aneurism. Prof. BOTKINE also used this same remedy in cases of aneurism of the thoracic aorta, in neuroses of the heart, and in the treatment of the disagreeable epigastric pulsations in hysteria.

After the application to a pulsatile tumor of a paste of clay, there follows not only an improvement in the subjective condition of the patient (diminution in the asthmatic symptoms and cardiac pain), but also in the objective condition; the tumor diminishes in volume and (as seen in the case of aneurism of the thoracic aorta) the pulsation becomes more feeble. So also in the reduction of the epigastric pulsation in hysteria the applications of clay at the same time cause a notable reduction in intensity of the other disturbances of the abdominal organs; the vomiting, diarrhœa and abdominal pains disappear. These results Prof. BOTKINE explains as due to the refrigerant action of the clay, and above all to its metallotherapeutic properties.

Recently Dr. LOUCACHEVITCH has successfully treated several cases of gonorrhœal epididymitis by the application of clay, employing the white moulding clay of sculptors made into a paste with water. A square piece of muslin is covered with a thick layer of this paste, and, while an assistant raises the tumefied scrotum, the dressing is so applied as to cover all the affected region up to the root of the penis and is retained in position by a suspensory bandage, the patient remaining in bed during the treatment. As the clay retains its moisture for some time, it is only necessary to renew this dressing twice daily, morning and evening.

The author assures us that in ten minutes after the application the pain is reduced in intensity and soon disappears completely. On the second or third day the swelling rapidly subsides, but the treatment should be persisted in for four or five days. Up to the present time the author has treated 26 cases by this method, without the use of any other therapeutic measures (such as leeches, etc.,) and in all he obtained a prompt cure.—*Gazette Medicale de Paris.*

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## *IMPOTENCE AND HERNIA.*

DR. E. A. BEAN, of St. Albans, Me., sends a report of the following peculiar case: "A man, now about sixty-five years of age, a farmer, held a captain's commission in the late war. While on duty he accidently stepped into a hole, throwing up his

arm in the attempt to preserve his balance, and soon afterward discovered that the effort had caused a hernia in the right inguinal region. Since that time he has never had a desire to approach a woman, and his penis has shrunken until it is now no larger than that of a small child. Previous to this accident he was in good health and possessed his share of the animal nature, but since that time he has never had an erection. He never had syphilis or any other venereal affection, and is sober and reliable. The testicles are apparently normal." Dr. Bean has been unable to find any record of a similar case, and would like to know the cause of his patient's loss of virile power and sexual appetite.—*Medical Record.*

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## *THE TREATMENT OF RINGWORM.*

Dr. Robert J. Lee, describes his process as follows: Half an ounce of sulphur precipitata is rubbed in a mortar with an ounce of sweet oil. To this is added three drachms of a twenty per cent. solution of carbolic acid. This is to be applied night and morning to the affected parts, being rubbed in gently with the finger or a piece of soft leather. The child should be examined carefully twice a month, so that you can see the progress of the case, and, most important of all, decide when the treatment is to be discontinued. The head should be well washed and brushed with soap and hot water two or three times a week. If the case is of long standing, it is well to begin by shaving the whole head. In every case, caution against wearing any hat or bonnet which was worn before treatment should be observed.—*Medical Times.*

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## *FIRE IN INSANE ASYLUMS.*

The Rev. Henry Ward Beecher is reported to have said, more or less facetiously, that the best solution of the insane asylum problem was to stand all the chronic lunatics in a row and shoot them. The precious gentlemen who manage our insane asylums politically and scientifically, seem to have adopted a heated form of the Beecher policy. Within a comparatively short time, we have had to report the partial or complete destruction by fire of four insane asylums. In the last and most serious conflagration, that of the Insane Department of the Philadelphia Almshouse, the lives of twenty or thirty inmates were lost. Perhaps insane asylum managers think that the life of an insane pauper does not rate high, for it takes at least a dozen of them to support a politician. We do not, however, believe that the plan of cremat-

ing the insane is wise, human, or in the end even economical. Can not the learned body of Insane Asylum Superintendents, whose liberal spirit and scientific attainments are the source of so much pride, direct its energies toward the subject of fire departments? It is a shame to our institutions that such frightful accidents have so frequently occurred.—*Medical Record.*

## *TWINS BORN FOUR DAYS APART.*

Dr. James Douglass, of Morristown, N. J., writes: "A very unusual occurrence in the birth of twins has happened lately in my practice, one of the twins, a girl, being born at half past nine on Friday night, January 2, 1885 (breech presentation), and the other, a boy, on the following Tuesday afternoon at twenty minutes to three (head presentation), a difference of three days, seventeen hours and ten minutes. They are eight months children, the girl weighing four and one-half pounds, the boy six pounds. There was only one placenta. The mother is a healthy young woman twenty-two years of age.—*Med. Record.*

## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

## *FASHION IN MEDICINE.—BELIEF WITHOUT INQUIRY.*

What a small proportion of medical men think and investigate for themselves before accepting the prevailing theories! We read of an asserted discovery or a brilliant speculation of a great mind. It comes invested with the charm of novelty and borne on the tide of popular favor. We hasten to accept it as the modern phase of science. Should we stop to inquire into its merits, we fall behind the times; and it would be death to the aspirant for distinction to have any person point the finger at him and say—"That man is not up to the times—he is an old fogy." It is some excuse for this hasty adoption of new propositions that full opportunities for putting them to the test are seldom within one's reach. But when they are, we are not always disposed to employ them. It is easier to adopt by authority and fall in with the current. It always has been, and it always will be, that a

small number of individuals in any profession dictate to the masses. When men meet in council, a proposition is advanced and the presiding officer calls for a vote. A few voices respond "aye," and there are no negatives. The proposition is carried, and thenceforth it becomes the faith of the body. It is adopted by default. But few know or care to know its merits. And this is called a "deliberative" body. With just so much deliberation are scientific theories and speculations adopted by three-fourths of their advocates, if not nine-tenths. Inquiry comes afterward if at all. The novelty passed and the daze vanished, thinking begins and doubts arise. An opposing theory springs up and fashion sets in towards the new. The same process is repeated, and the faith of yesterday becomes superstition and folly. And this is "progress"—this backing and filling—this zig-zag wandering of the mind. But it is the nature of things and must be so.

Nevertheless some advance is made. Like a vessel tacking and running to the right and to the left, nearly over the same track, there is some headway accomplished, though at the cost of much travel and labor. We go "prospecting" into the realms of science, and one man in a hundred finds a diamond or strikes a vein of precious ore. Though multitudes fail, the work of life is carried on. In our profession and the collateral pursuits, the number of industrious and original toilers increases daily, and the number of thinkers also. It is a busy era, and no man should be content to gravitate in a passive orbit and shine by reflected light. The precept of Rush should inspire every capable intellect—"Observe, think and read! Read, observe and think for yourselves!"

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## *THE ORIGIN OF ENEMATA.*

Frederigo Kernot, of Naples, in a work entitled "Storia della Farmacia," describes, "with true Southern liveliness," according to the "Pharmaceutical Journal," the invention of the enema apparatus, which he looks upon as an epoch in pharmacy as important as the discovery of America in the history of human civilization. The glory of the invention of this instrument, so

beneficial to suffering mankind, belongs to an Italian Gatenaria, whose name ought to find a modest place together with Columbus, Galileo, Gioja, and other eminent and illustrious Italians. He was a compatriot of Columbus, and a professor at Pavia, where he died in 1496, after having spent several years in the perfection of his instrument. The enema-apparatus may be justly named the queen of the world, as it has reigned without a rival for three hundred years over the whole Continent, besides Brazil and America. The enema came into use soon after the invention of the apparatus itself. Bouvard, physician to Louis XIII., applied two hundred and twenty enemata to this monarch in the course of six months. In the first years of Louis XIV. it became the fashion of the day. Ladies took three or four a day to keep a fresh complexion, and the dandies used as many for a white skin. Enemata were perfumed with orange, angelica, bergamot, and roses; and Mr. Kernot exclaims, enthusiastically, "O! se tornasse questa moda!" (Oh, that this fashion would return!) The medical profession at first hailed the invention with delight, but soon found the application *infra dig.*, and handed it over to the pharmacist; but shameful invectives, sarcasms, and epigrams, hurled at those who exercised the humble duty of applying the apparatus, made them at last resign it to barbers and hospital attendants.

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## *A CHICAGO PHYSICIAN'S DIARY OF BUSINESS.*

A YEAR or two ago a pocket-diary had been picked up in a street of Chicago, and from the following extracts it appears the loser was a medical man of that city:

"Kase 230. Mary An Perkins. Bisness, waswoman. Sikness in her hed. Fisik, sum blue pils a soaperifik: age 32. Ped me one dollar, 1 kuarter bogus. Mind get good kuarter and mak her tak more fisik.

"Kase 231. Tommes Krinks, Bisiness, Nirishman. Lives with Pady Malouny what keeps a dray—Siknes, digg in ribs and two blak eys. Fisik, to drink my mixter twict a day of sasiperily bere and jellop, with asifidety to mak it taste fisiky. Rubed his face with kart grese lyniment, aged 39 yers of age.

Drinked the mixtur and wuddnt pay me bekaise it tasted nasty, but the mixtur'll work his innards, I reckon.

"Kase 232. Old Misses Boggs. Aint got no bisines, but plenty of munny. Siknes awl a humbug. Gav her sum of my celebrated "Dipseflorikon," which she sed drunk like cole tee—which it was too. Must put sumthin in it to make her feel sik and bad. The Old Womman has got the roks."

*Query.*—Did this man graduate at the "Rush," or is he the result of the three years' system?

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## *THE USE OF POST PARTUM BINDERS.*

At a recent meeting of the Obstetrical Society of Edinburgh, a somewhat remarkable paper was read by Dr. Cairns, opposing the use of binders after parturition, and, what is the strangest of all, his extraordinary views appear to have met with very general approbation from the members present.

The disadvantages in the use of binders enumerated are as follows:—

1st. That their application entails unnecessary trouble upon the accoucheur. Dr. Cairns confesses that when he first entered upon practice, it cost him more trouble to apply the binders in many cases than to deliver either the chlld or placenta.

2d. That their application unnecessarily exposes the patient, which, if several persons are present, may thereby shock her moral sensibilities: it may, moreover, expose her to currents of cold air, which, on her part, may lead to the most disastrous results.

3d. Post partum binders impede the circulation, slipping far above the region of the uterus, thus interfering with the venous circulation, and thus tending to aggravate two diseases very common in pregnant women, viz., varicose veins and hemorrhoids.

4th. They are rarely of proper form. They should properly extend from the ensiform cartilage to a considerable way beyond the nates.

5th. In cases of post partum hemorrhage, the patient may die before the binder can be removed in order to apply the proper remedies for its arrestment.

Dr. Cairns, in conclusion, compares parturition in civilized and uncivilized conditions, and those two with the parturition of the lower animals. The latter, he affirms, owing to their pendent bellies, evidently require binders much more than women.

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## *SOLUBLE ELASTIC CAPSULES OF QUININE SULPHATE.*

The obstacle to the exhibition of quinine is the bitter taste of the drug. Various devices have from time to time been suggested to overcome this obstacle, but the very number of them is a proof of their non-success. When quinine is given in combination with excipients to mask its taste, we have superadded to its medicinal properties those of the excipient, and these are often undesirable. The objections to pills, sugar and gelatin-coated, are also well known. The desideratum in the administration of this drug is a device which is at once easy of deglutition, of perfect solubility in the stomach, and permitting of the uncomplicated action of the salt. This desideratum we have supplied in the Soluble Elastic Capsules of Quinine Sulphate placed before the public by Messrs. Parke, Davis & Co., of Detroit. In addition to these properties, these capsules are guaranteed to contain the exact amount of quinine specified on the labels, the coutents of each one being separately weighed before being encapsuled.

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## *MEDICAL ADVICE BY TELEPHONE.*

*Husband*—My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach.

*Physician*—She has malarial colic.

*Husband*—What shall I do for her?

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

*Machinist to Husband*—I think she is covered with scales inside, about an inch thick. Let her cool down during the night, and before she fires up in the morning, take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug, and wash her out.

Husband has no further need of this doctor.—*Leonard's Medical Journal.*

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It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

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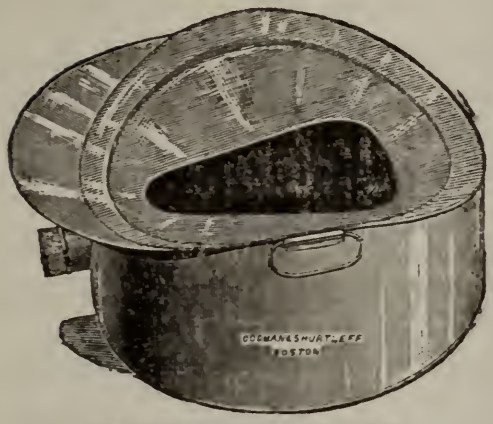


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Maltine will convert 33 times its weight of starch at 140 deg. Fahr, in 16 minutes.

In proof of these statements, we beg to submit the following chemical analyses made from samples bought by the analysts out of stock in the open market:

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"If properly prepared, Malt Extracts are rich in Diastase, and have a high power in digesting starchy matters. But you will be surprised to learn, as I was, that a large proportion of the Malt Extracts of Commerce have no action on starch. Out of 14 trade samples of Malt Extract examined by Messrs. Dunston and Dimmock, *only three* possessed the power of acting on starch. These brands were MALTINE, Corbyn, Stacy & Co.'s Extract and Keppler's Malt Extract."—*British Medical Journal.*

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"'Maltine' far exceeds in diastatic power any of the six preparations of malt which I have examined. Ten grains of 'Maltine,' warmed at 63-65 deg. C., for fifteen minutes with 125 grains of starch in five oz. of water in the form of paste, formed from the starch 7.43 grains of sugar calculated as dextrose. Ten grains of Trommer's Extract of Malt, under similar conditions, formed during the same length of time 1.47 grains of sugar, calculated as dextrose."

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| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | 1/3 " |
| Boric Acid | 1/4 " |
| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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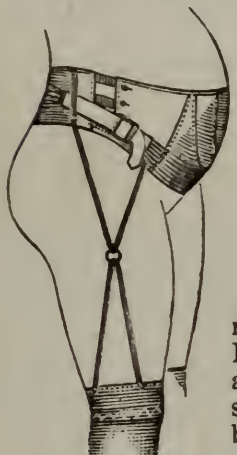

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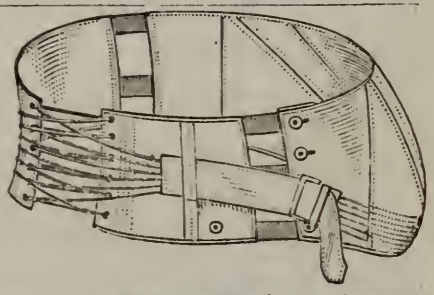

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[Boston Journal, Jan. 3, 1885.

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*From the New York Pharmaceutical Journal, Dec.* 24, 1884.

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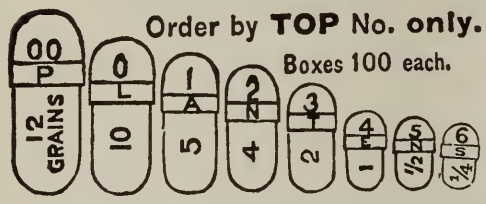


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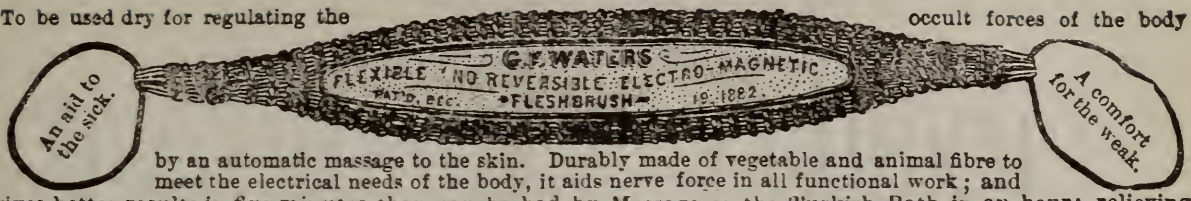


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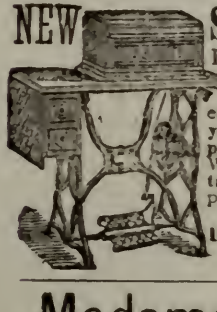

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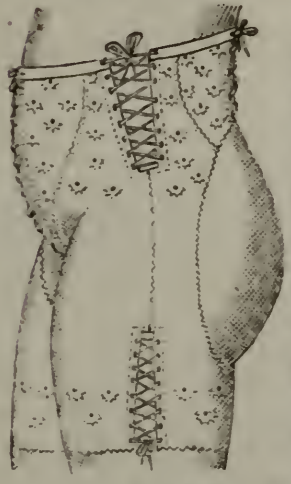

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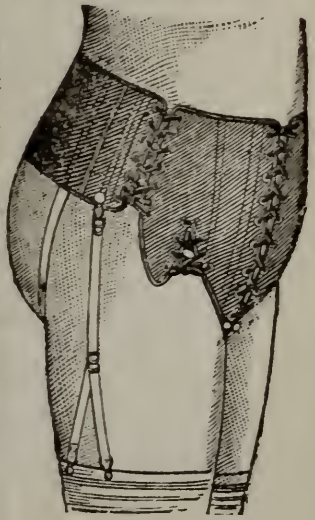

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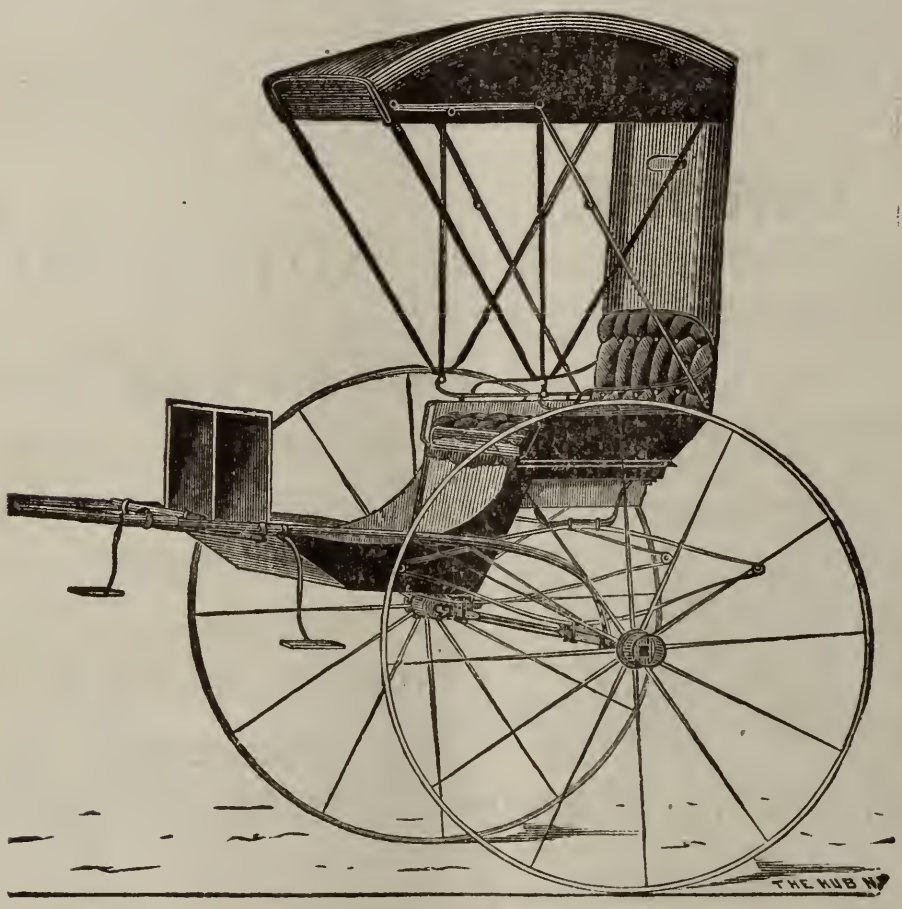

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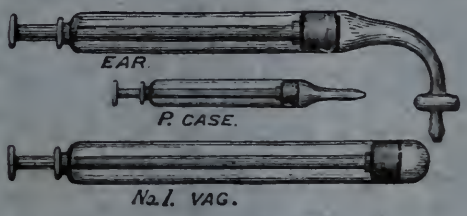


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FIG. 1.

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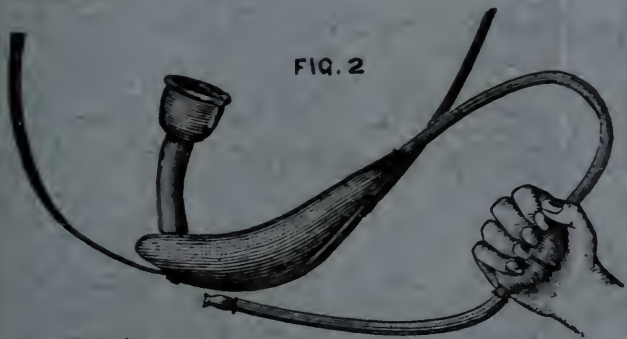
FIG. 2



By the use of this instrument a lady avoids all uncleanliness and the use of napkins, trouble of changing, or expense of washing. the saving in which alone would be enough to pay for the Receptacle in a short time. They are very durable, and, with care, will last years. The price is very low, so they come within the reach of all. I sell a very good Syringe, complete, with the Receptacle if desired. If you have a bulb and hose syringe it can readily be attached to the instrument; if you have none it is indispensable. I furnish them with the Receptacle very low, in a nice, neat box, or the Receptacle alone, in a nice box, as follows:—

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VOL. 5. MAY, 1885. NO. 5.

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HYDROLEINE.

See adv. pages 12 & 19.

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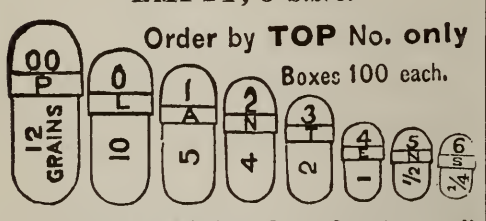


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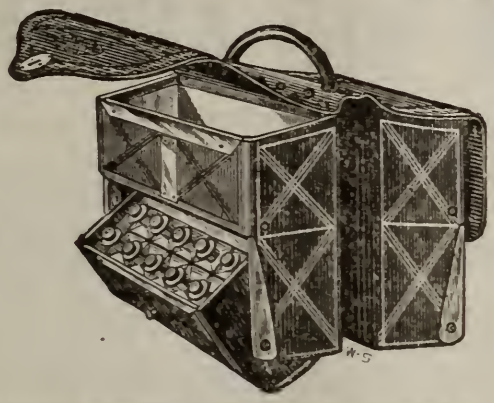

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# ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, MAY, 1885. No. 5.

## ORIGINAL COMMUNICATIONS.

### *CLINICAL FACTS. HYSTERO-EPILEPSY, HYSTERIA, AND HYSTEROGEN ZONES.*

TRANSLATED BY JOHN KING, M. D., CINCINNATI, OHIO.

HYSTERIA, as ordinarily observed, (the *hysterie vulgaire* of the French) is recognized by paroxysms of laughter and tears, occurring alternately, often accompanied with a sensation of strangulation from the *globus hystericus*, over which symptoms the patient has no control. Hystero-epilepsy (*grande hysterie*, Fr.) is a more severe attack characterized by violent convulsions resembling those of epilepsy, the muscles of the face, however, not becoming contracted. It is not the co-existence of hysteria and epilepsy in the same person, but is a neurosis differing from ordinary hysteria only by the intensity of its attacks which strongly resemble the commencement of epileptic crises. It has been divided into four principal periods: 1st, the epileptoid, comprising a clonic phase with or without muscular motion; 2nd, the period of contortions or of violent movements; 3rd, the period of passional attitudes; 4th, the period of delirium, with or without hallucinations. At the commencement of the attack, more or less marked contractions of the limbs will be observed, and frequently the hysterical crisis will terminate by a paroxysm of sobs, tears, or of laughter, which the patient cannot check.

*Hysterogen zones*, or zones producing hysteria, or in some way exciting an influence upon it, is a term applied to certain points of the body, in hysterical patients, which, upon sudden pressure or artificial excitation, determine the convulsive attack, or, at least, some of the spasmodic phenomena of the attack. The discoverer of these zones is Prof. Charcot, of Paris who, in 1873, in his "*Lectures upon Diseases of the Nervous System*," gave a description of the ovarian hyperæsthetic* condition of hysterical patients, not only showing that the spasmodic attack was preceded by an *aura* starting from the ovarian region, but that with certain patients pressure upon this region would provoke an explosion of the convulsive attack, while with others again, a sudden pressure upon it would instantly arrest such attack, when present.

In 1879, Prof. Charcot made known that the ovarian region was not the only one that could provoke or arrest attacks of hysteria under artificial excitation, but that circumscribed regions existed upon the surface of the bodies of hystero-epileptics which, under pressure, occasioned effects similar to those resulting from compression of the ovarian region. True, previous to these researches, some isolated cases had been made known in which an attack of hysteria had followed excitation of certain points of the body, but they had no common bearing and were consequently without scientific value. Since the experience of Prof. Charcot upon this subject, has been given to the medical profession, Bourneville and Regnard, P. Richer, Buet, Gaube, and Prof. Davezac, from whose lectures the present article has been abridged, together with many other medical men, have studied these zones, and the aggregate of their researches has given the information and the results hereafter described.

The existence of hysterogen zones appears to be common with hystero-epileptics, and thus are met with upon nearly all points of the trunk and the head, though they have seats of election in which their presence is more frequent than anywhere else. Thus, upon the *abdomen* they occupy by preference the ovarian region, the epigastrium, and the depression of the groin; upon the *thorax*, they are frequently observed upon the breasts, below the clavicle,

*Hyperæsthesia, augmented sensibility.

along the intercostal spaces, over the sternum, and upon the spinous processes along the vertebral gutters; upon the *head* they are especially met with upon the vertex, in the supra and infra-orbital regions, and upon the eyeballs. The extent of these zones is usually limited to a diameter of only a few centimetres; sometimes, however, even to six, twelve, and fifteen centimetres.

Their number is very variable; some patients present only a single one, while others have ten or twelve. In the latter case, the zones are not equally excitable, some respond immediately to the slightest pressure, while, with the others, an energetic pressure will be necessary to occasion, or to arrest the convulsive attacks.

In the majority of instances the hysterogen zones are unilateral and occupy the anæsthetic side. However, this is far from being an absolute rule; at times the zones are double and symmetrical, at others they will all be seated upon the non-anæsthetic side.

The sensibility of the skin around them is variable; sometimes the zones seated upon the cutaneous regions possess a normal sensibility; at other times they will be met with upon regions entirely anæsthetized, or hyperæsthetized. The hysterogen zones frequently give rise to spontaneous painful sensations very disagreeable to the patients, and in which cases the pain is neither dermalgic nor myalgic, but of a neuralgic character. It must be borne in mind that although the researches of Prof. Charcot were made with hystero-epileptic patients, it is by no means uncommon to encounter hysterogen points, among subjects with ordinary hysteria, located in the breasts, the ovarian region, the popliteal space, and in other points the same as in the hystero-epileptic.

Pressure upon the hysterogen zones may either provoke or arrest the hysterical attacks. Sometimes, slight pressure upon one zone will determine the convulsions, and the most energetic pressure of the same zone will promptly arrest them. More frequently, the attack started by the compression of any one of these zones, can only be arrested by certain determined zones, for instance, that of the ovarian region. With some patients it will be necessary to press upon two symmetrical hysterogen zones at the same time, in order to provoke the convulsions, the pres-

sure of one zone alone being constantly inefficacious. The exciting effect of pressure upon the hysterogen zones may often be prevented by compressing the ovarian region at the same moment, the phrenatric action* of the ovarian pressure being superior to the excitant action of the pressure upon the other zones.

In the majority of observations the most active hysterogen zones play a part in the phenomena of the hysteric aura. The sensation of the *ball (globus hystericus)* becoming detached from the left flank is nearly constant. The other zones, of the breast, epigastrium, etc., may, while the aura lasts, also be the starting point of painful sensations similar to those that constantly precede the commencement of the convulsive attacks in the same patient.

The activity of these zones may diminish and disappear under diverse influences; generally, their excitability is so much the greater as the attack is more imminent. On the contrary, at the termination of the convulsion the excitability of the zones may be greatly lessened. The zones may suddenly disappear under the influence of moral emotions. Treatment gradually modifies them according as it modifies the other permanent symptoms of the hysteria; in other words, the hysterogen zones disappear when the hysteria is cured.

It is often the case that pressure upon the ovary has a phrenatric action, while that made upon the other hysterogen zones has an excitant influence. An experiment, often practised by Prof. Charcot, is to strongly compress the left ovary with one hand, while with the other pressure is made upon one of the supra-mammary zones. Under these conditions the attack is not produced: the *spasmo-phrenatric*† influence of the ovarian compression predominates and paralyzes the spasmogen‡ influence of the supra-mammary pressure.

There is no constant relation between the topographical distribution of the hysterogen zones and those of the hysterical hemi-anæsthesia.§ More frequently the zones will be found on the same side as the hemi-anæsthesia; but they may also exist

*Phrenator, FRENATEUR, Fr., to arrest; a term applied to those nerves an excitation of which lessens or arrests contractions of the organs to which they are distributed; hence "phrenatric action."

†Spasm arresting. ‡Generating spasm; spasm producing.

§Anæsthesia or loss of sensibility in one half of the body.

upon the sensitive regions of the body. With some patients they even exclusively occupy the non-æsthetized side.

At least more than half of the ordinary hysterical patients present hysterogen zones upon the *superior* or *inferior extremities*, which may be detected by a careful and attentive exploration. Their seat of election is in the region of the bend of the elbow, and of the popliteal space; more rarely they exist at the wrist, and in the vicinity of the tendon of Achilles; and once they have been found upon the anterior face of the thigh, near an old cicatrix following the opening of an abscess in this region.

Usually, when the hysterogen zones are found upon the extremities, they equally exist upon the trunk, or the head; they are rarely met with upon the extremities only. Zones may exist on the abdomen or the thorax, without any being found on the extremities; yet in all cases their existence upon the extremities is very common. With all patients of this class, the skin covering the hysterogenic regions has a normal color and temperature; externally, nothing distinguishes it from the neighboring portions of integument. In one or two instances the hair has spontaneously fallen from the hysterogenic regions of the scalp, but this appears to be rather an uncommon infliction in this malady.

Generally, the limits of the hysterogen points are very clearly outlined; for instance, while a slight pressure upon the tendon of the biceps at the bend of the elbow will determine an attack, the most energetic pressure made beyond the margins of this tendon at only a millimetre from them may occasion merely an ordinary pain not followed by any spasmodic phenomena.

Now, a hysterogen zone may be *spasmogenic* under slight pressure, and *spasmo-phrenatric* when more energetic compression is made upon it. This double action is quite frequently observed with the ovarian zones, but it is more rarely verified with the other ones. More commonly, however, when pressure upon any one of the hysterogen zones provokes the convulsive attack, this, once commenced, can be suddenly arrested merely by compression of certain zones, as, the ovarian, or the epigastric. In the majority of cases the zones of the extremities and of the thorax, are *exclusively spasmogenic*, and the ovarian or the epigastric zones, *exclusively spasmo-phrenatric*. Again,

with certain patients there will exist only spasmogenic, or spasmo-phrenatric zones; with others, pressure upon the hysterogen zones will only provoke a part of the convulsive phenomena of the hysterical attack; while with a third class of patients, the artificial excitation of these zones simply occasions a sensation of strangulation analogous to that which is produced at the commencement of the spontaneous attacks; or, it may determine a generalized contraction that ceases of itself after a certain time without being followed by clonic convulsions.

As already stated, the existence of the hysterogen zones forms equally a part of the symptomatology of both hystero-epilepsy, and ordinary hysteria; though in the latter, especially in its attenuated forms, they are far from being as constant as in the former.

Having now referred to the topographical distribution of the hysterogen zones upon the head, the trunk, and the extremities, it may be proper to make some attempt to determine their exact anatomical seat. When, guided by purely empirical observations, one presses upon the flanks, the epigastrium, the thorax, or the extremities of a hysterical patient with whom it is desired to provoke or arrest the convulsions, all the tissues entering into the composition of the region compressed are acted upon simultaneously, and it becomes impossible to know whether the effects that follow the pressure depend upon one or the other of these tissues to the exclusion of the others. It is important, therefore, to be established upon the point of the pathological physiology of the hysterogen zones.

As regards their anatomical seat, these zones may be divided into *cutaneous*, *sub-cutaneous*, and *visceral*. The *cutaneous zones* are the least common of all, though several may exist in the same patient, and at the same time: some may be spasmogenic, and the others spasmo-phrenatric. They are all cutaneous in this sense, that their activity may be aroused by superficial excitations of the skin. In order to provoke the convulsive attack, it is not necessary to *compress* the hysterogenic points; it suffices to slightly touch them, to skim over them with a finger, a camel's-hair pencil, or other foreign body, to allow a few drops of cold or hot water to flow over them, to

heat them by the radiation from a burning body, or to cool them by the pulverization of a few drops of ether. These zones have been so excitable, that in putting on, or removing the stockings, a convulsive attack has been produced; they are evidently seated in the skin, or rather, in the terminal nervous expansions of the skin, and may be met with upon parts of the skin that are in a complete condition of anæsthesia.

The *subcutaneous zones* are much more common than the cutaneous, and differ from the latter in the fact that limited excitations of the skin are not capable of arousing their activity, such as, pinching the skin of the zone, passing a needle through it, cauterizing it, passing electrical shocks through it, as well as the application to it of cold or hot water, pulverization of ether, etc.

Experimentally, it is difficult to determine the exact seat of the subcutaneous zones; they are certainly not seated in the skin itself, nor in the terminal expansion of the cutaneous nerves. Neither in the muscles, nor in the tendons, because in a number of cases, the muscular masses and the tendons, that traverse the hysterogen zones, may be pressed laterally without provoking the convulsions; and, in the great majority of cases, violent tetanisation of these muscles under the influence of intense faradaic currents, is equally inefficacious. It is very probable that the starting point of subcutaneous hysterogenic action exists in the nervous trunks. This hypothesis may be confirmed by an experiment which always succeeds; when an active subcutaneous zone exists upon a limb, a slight compression of which will determine the convulsion, the attack may be equally provoked by energetic compression of the nervous trunks that pass to this zone, upon all the accessible points along their track between the cord and the zone.

The *visceral zones* appear to be seated in the parenchyma of certain complex organs, such as the mammary gland or the ovary. The demonstration of this proposition is quite easy to effect, as far as the breast is concerned. A great number of hysterical patients have spasmogen zones of the mammary region, and with the most of them one can become assured that very energetic excitations, as, pinching, malaxation, friction,

pricking, etc., of the skin covering the breast will provoke no convulsions, while, when the gland itself is but slightly compressed, they will immediately burst forth.

The zones of the anterior abdominal region are more frequently visceral, having their seat in the ovary. Yet, although in the majority of cases, the zone of the left flank is an ovarian visceral zone, it is not always so; there may be cutaneous zones in the region of the flanks wholly independent of the ovary, and, consequently, when a hysterogen zone is verified in the iliac region, it does not suffice to affirm that this zone is ovarian, without further investigation.

It is possible to experimentally cause the hysterogen zones to disappear. The means used for this purpose may be divided into two groups,—one, acting upon all the zones of the body at the same time, the other, acting locally upon the zones alone, to the surface of which they are applied. In the first group must be named static electrization, galvanization of the nerve centres, and anæsthetic inhalations.

When a patient is placed upon the insulating stool of a static machine, all the hysterogen zones, cutaneous, subcutaneous, and visceral, disappear in a period varying from three to fifteen minutes, according to the subject and to the intensity of the electric tension. The application of a weak current of the galvanic pile, (say from two to six elements of Gaiffe) upon the nerve centers has exactly the same effect. The more commodius process is to place the two electrodes exactly opposite to each other on the two temporal regions. One electrode, (the positive or the negative, indifferently,) may also be applied upon the forehead, or the nucha, and the other upon the abdomen, or upon the lumbar region of the vertebral column. When the electrization has been prolonged a sufficient length of time, (ten to thirty minutes at the most) all the hysterogen zones, without exception, will have lost their excitability, and the convulsive attacks can no longer be provoked, even by a very vigorous pressure upon these zones. But this disappearance will be only temporary, as the zones will spontaneously reappear, with all their former excitability, in the course of a few hours, or a few days.

All the hysterogen zones lose their excitability during the phase of resolution which follows the inhalation of ether, or of chloroform, but the excitability returns almost immediately after the anæsthetic sleep has terminated.

The more important of the *second* group, or local means, are: artificial anemia, refrigeration, the application of sinapisms, subcutaneous injections, and localized electrization. On account of the inconveniences that may result from their application upon the head, or the trunk, these methods have only been studied systematically upon the hysterogen zones of the extremities; and all that is known of them at present may be summed up in a few words.

*Local anemia* resulting from the application of a roller band of caoutchouc around a limb, causes the disappearance of all the hysterogen zones in all the anemiated part of the limb. A circular band, sufficiently tight to considerably obstruct the return circulation, will cause the zones below it to disappear. If the nervous trunks were excitable, they lose their excitability below the band, and preserve it above. When the compression is removed the zones rapidly reappear as the circulation becomes re-established.

*Refrigeration* of the skin covering a subcutaneous zone of the extremities, (by the pulverization of ether with Richarson's apparatus, or by the application of a mixture of ice and salt.) abolishes the excitability of the cooled part for as long a time as the refrigeration lasts. If the zones are cutaneous, their cooling provokes convulsive attacks at the start, and thus prevents a continuance of the experiment.

*Sinapisms* applied to the surface of cutaneous or subcutaneous zones will, after several minutes application, cause these zones to disappear. If the nerve trunks were excitable, they remain excitable only above the rubefied region. Sinapisms applied circularly around a limb causes the disappearance of all the zones situated below them, but are without action upon those seated above them. Zones rendered inexcitable by sinapisms resume their excitability in about ten or twelve minutes after the latter have been removed. Sometimes the application of a sinapism upon a hysterogen zone of one side will, at the same

time, cause the disappearance of the symmetrical zone upon the opposite side. Hypodermic injections of pure water at the point of the subcutaneous zones temporarily abolish their excitability.

The passage of faradic or galvanic currents, of medium intensity, through the hysterogen zones, suppresses their action in a few minutes after their subjection to the localized electrization. The experiment must be carried on somewhat differently, according as the zones are subcutaneous, or cutaneous. In the first case the electrodes, or the electric pencil, can be confidently moved upon the skin of the hysterogen zone. In the second case, care must be taken not to touch the zone itself,—the electrodes must be placed outside of the limits of the excitable region. Moreover, the currents employed must not be too intense, lest they provoke convulsions before the zone has been deprived of its excitability. Under the influence of the local electrization the zones progressively disappear in several minutes; but the nerve trunks seated above the electrized points preserve their hysterogenic impressibility. The zones, that have been temporarily suppressed by the electrization, spontaneously reappear after a time varying from fifteen minutes to an hour.

The present knowledge concerning the artificial disappearance of the hysterogen zones has been very briefly summed up in the preceding observations. As yet they have had a very limited clinical application, though, at some not very distant day, they may serve to establish the true theory of hysterogenic action.

The study of the hysterogen zones would be very incomplete, if the role they frequently play in the phenomena of the aura of spontaneous, or provoked, attacks, were not pointed out. The prodroma of the spontaneous convulsive attacks of hysterical patients are generally composed of three successive phases. The first is characterized by a general uneasiness, or an unwonted agitation. The patients experience "changes"; they become gloomy, morose; are annoyed by sad or terrifying thoughts which relate to some of the episodes of their past life; sometimes they have visual hallucinations. This phase may be termed *the psychial aura.*

In the second phase, deep seated contused pains come on at one or several of the hysterogen points. The breasts, the

vertebral column, the ham, etc., may be the seat of these pains. Usually they occupy only the most active, the most excitable zones. There commonly exist painful sensations as of deep-seated bruises, of compression, of constriction, which are sometimes so severe as to force cries from the patient. This second phase of the prodroma of hysterical attacks is termed *the hysterogenic aura*. It demonstrates the active participation of the hysterogen zones in the development of the spontaneous attacks.

The third and last phase of the hysterical aura is announced by the sensation of a ball that seems to detach itself from the ovarian region and ascend to the epigastrium, the heart, or to the throat. This sensation, which immediately precedes the outbreak of the convulsions, constitutes *the ovarian aura*, which has been fully described by Professor Charcot.

The complete hysterical aura being composed of the three successive phases just described, it is possible to determine a convulsive attack by occasioning the phenomena of excitation that characterizes one or the other of these phases; or in other words, the attack may be induced by the excitement of either the pyschial, the hysterogenic, or, the ovarian aura. When patients, in their spontaneous attacks, have a clearly defined psychial aura, it will suffice to call to their mind the sad thought, or the terrifying hallucination, which usually comes on during this phase of the aura, to determine by that alone the successive appearance of the other two phases of the complete aura, and of the convulsions.

When the provocative excitation of the attack is represented by compression of any one, whatever, of the hysterogen zones of the limbs, the thorax, or of the head, there will be no psychial aura, but, excitation of the hysterogenic points will be followed by the ovarian aura. In experiments of this kind, in order that the succession of these phenomena may be properly observed, moderately excitable hysterogen zones should be selected, upon which a light and continued pressure should be made. The patient will then experience a deep-seated constrictive pain, in the region of the compressed zone, followed by the sensation of the ovarian ball "detaching itself" and passing upwards through the abdomen and the thorax.

In general, there are no intermediate irradiations between the local pain of the zone excited and the sensation of the ovarian ball; the same as in the spontaneous attacks, the convulsions commence as soon as the ball has reached the throat. The attacks determined by excitation of the ovarian region are not preceded by a psychial, nor a hysterogenic aura, the patient suddenly experiences the sensation of the globus hystericus which ascends and strangulates her.

The knowledge of the hysterogen zones has a great practical importance; and there are strong reasons for believing that in a great number of instances, the violent and prolonged attacks of ordinary hysterical cases are kept up by the involuntary and unconscious excitation of their hysterogen zones. Their friends hasten to them, and with the best intentions strive to support them; some take hold of the head, others the arms, and others the legs. When the patient has several hysterogen zones, it will be indeed a fortunate chance, if one of these does not become compressed by these too devoted assistants, and if this compression does not provoke incessant renewals of the convulsions. The resisting bands, the straight jackets too frequently believed to be necessary, undoubtedly have often the same effect. The possibility of immediately exciting the convulsive attacks by sudden compression of a hysterogen zone may furnish the physician with the means of rendering real service to his patients.

Instances in which it has proved advantageous to provoke a hysterical attack are not rare. Sometimes the phenomena of the spontaneous aura become prolonged and occasion painful suffering; it will then suffice to determine the attack artificially, so that the pains and the distressing sensations, dependent upon the aura, may cease. At other times, the convulsive attacks of hysterical patients will be succeeded by certain persistent symptoms, as, contractions or paralysis of the extremities, saltatory chorea, rhythmic spasms, etc., which may disappear at the termination of a new spontaneous, or, provoked attack. Again, there will be instances in which the possible provocation of a hysterogen zone, will positively resolve a previous difficult, or uncertain diagnosis, as, in hysterical convulsions when confounded with eclamptic, etc. In instances of this kind, the

discovery of a hysterogen zone will at once remove all embarrassments and doubts, and the practitioner should not hesitate to conduct his examination with the greatest care and perseverance.

The arrest of convulsive attacks by compression of the spasmo-phrenatric zones is a valuable resource, of which the physician should avail himself every time the convulsions are too violent, or too prolonged. Useless fatigue to the patient, as well as unnecessary uneasiness to the patient's family almost always occasioned upon witnessing the severe convulsive attacks, will thus be avoided. Sustained compression of these zones may in many cases prevent the attacks from coming on for quite a long period of time,—an inappreciable advantage for the patients. At Salpetriere, a spring bandage is employed, made somewhat upon the principle of a truss for hernia, the ball of which exerts a continuous elastic compression upon the spasmo-phrenatric ovarian region; armed with their bandages the patients can go out during the day and attend to their various occupations, without fear of being unexpectedly surprised by their attacks.

To sum up, a knowledge of the hysterogen zones places the physician in a position to render several kinds of service to his patients:—

1st. It enables him to prevent the convulsions of hysterical patients from becoming aggravated or prolonged by unskilful and inexpedient manœuvres;

2nd. It furnishes him the means of artificially determining the convulsive attacks, which may be advantageous, either in causing the painful condition accompanying prolonged aura to cease, to modify certain permanent symptoms of hysteria, or, to establish a diagnosis in cases of uncertainty;

3rd. Finally, it arms him with a very efficacious method, in many cases, for instantly arresting the most violent hysterical convulsions, and, for preventing a manifestation of them at times when their outbreak would be particularly disagreeable.

## *PLACENTA PRÆVIA.*

BY A. L. CHASE, RANDOLPH, MASS.

FORTUNATELY cases of placental presentation are not common, and it is well that such is the case, for I venture to say that the physician who has had one of these disagreeable and trying cases to attend, was heartily glad when it terminated, especially if he succeeded in saving both mother and child. I have not the statistics at hand which would enable me to give the frequency of their occurrence, but the proportion, as I now recall it, is not more than one in from two hundred and fifty to three hundred normal labors.

It has been my fortune to have had but a single case of placental presentation, while there are physicians of large practice who during a lifetime have never seen any, these cases occur, however, with sufficient frequency to merit a close study, as indeed do all others that are seldom seen. Just what causes the ovum to make placental attachment over the mouth of the womb, instead of at its or near the fundus, as is usual, I am unable to say, nor does any one else seem to know. Authors generally treat this as one of Nature's secrets. Perhaps the same explanation might be made here that one writer assigns as the cause of labor at the ninth month of gestation; "that it came on by the grace of God." Though we cannot explain the cause we must accept its occurrence as a fact, and be prepared to meet it. Neither will it do to conclude that because of its comparative rarity we will never meet it. The very next obstetrical case may be of just this character and if unprepared to handle it intelligently, skillfully and promptly, reputation may be forfeited and a life imperiled or lost.

If called to a case after the sixth month where there has been one or more attacks of flowing that have come on without warning, and for which there was no apparent cause we may reasonably suspect, that we have to do with a case of placenta prævia, but we cannot give this as a positive diagnosis unless we have been able to detect the placenta at the mouth of the womb, and this is attended with some difficulty until the os becomes dilated sufficiently to admit the finger, and this condition of things does not usually exist until after the patient has had more than

one hemorrhage, and often these attacks recur frequently so that we find our patient rapidly becoming debilitated from the loss of blood. When we have been able to arrive at a positive diagnosis we may wait, unless by so doing we are endangering the life of the woman, and we may resort to such means as will sometimes restrain the flow, but the case should be closely watched, and we must be prepared to act promptly. When however we find that in spite of our efforts to the contrary, the flow does not check, and our patient is growing weaker, to longer delay would be hazardous. It is always well to have assistance in these cases, and under an anæsthetic the child should be turned and delivered. It is of vital importance that the physician should retain his presence of mind, for upon that chiefly rests the life of his patient. A rash act, or a failure to act at the proper moment may—nay probably will—forfeit it. When the hand has once been introduced it should never be withdrawn until the child has been brought well down, and the case then becomes one of breech presentation.

It is generally advised that before operating the exact position of the child should be made out so as to carry up the hand that will have the palm turned toward the child's abdomen and thus the more readily grasp the child's feet, but more recently it has been recommended that the right hand be always introduced, as most operators possess much greater control over that than its fellow. When the child presents in the left occipito anterior position, as it does in by far the larger proportion of cases, the right hand of the operator readily passes up over the childs abdomen, but if the condition of things is reversed and the head is in the next most common position the right hand can be used with almost the same ease, if the operator also reverse his position and stand with his back to the patient just as an expert billiardist reverses his position in making certain shots. When once seized the feet should never be released until the body has been brought down sufficiently to compress the torn vessels and thus prevent farther loss of blood. Some writers however contend that the better way is to ascertain to which side of the os the placenta is least attached, and then press that to one side, allowing the child's head to come down and act as a compress and then allow nature

to complete the delivery, but this to my mind seems by far the more dangerous course for the lower extremities being wedge shaped act more effectually as a tampon and block up the os, and I can hardly conceive that relying upon the head to serve as a compress or plug would be resorted to except by one who was too timid to undertake the operation of turning. If circumstances are such that council can not be had, and not infrequently this will be the case as a delay of but a few minutes may be fatal to both mother and child, we must act promptly, and yet deliberately, but when possible it is better to divide the responsibility of so grave case with another.

I have attempted to do little more than direct attention to the subject of abnormal placental attachment. It is a condition well worthy of the most careful painstaking attention, for like many another case, out of the usual routine, it may confront us when least expected, and then *demands* intelligent and prompt action.

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## *THE CURABILITY OF EPITHELIOMA.*

BY C. W. SURDAM, M. D., PROVIDENCE, R. I.

The distressing case of General Grant, has awakened a keen interest and sympathy throughout the country, even among those who once "wore the grey." The newspapers have been educating the people as to the character etc., of epithelial cancer, and the term epithelioma has come into comparatively common use outside of the profession.

In attempting to write anything upon this subject I do so quite fully realizing the difficulty and embarassment surrounding it. I am aware of the immense work that has been done and the numberless and radically diverse views concerning the pathology, classification and treatment of such; and concerning all these—except treatment—I shall attempt nothing; but, on the other hand, simply confine myself to a statement of the clinical facts concerning these ulcers just as they have been observed in my own practice, feeling that the results I here record are of sufficient value to invite unprejudiced investigation.

I am also aware that many admitting the results will be too ready to place the treatment and consequent recovery in the re-

lation of coincidences merely, and in no way bearing the relation of cause and effect.

The diversity of classification, nomenclature and pathological relations of these lesions as held by the better part of our profession is my reason for calling all my cases carcinomatous.

Gross (Vol. 1., pp. 260) defines rodent ulcer, lupus, cancroid and other similar affections to be carcinomatous—essentially, and he declares that class of lesions to be "malignant and having the effect of destroying not only the tissue in which they are located, but also the life of the patient," and if he had added, that "by any means at present generally known, they are incurable," he would have improved the description.

I will give simply the physical symptoms, history, treatment and result of each of my cases. Every one of the cases here described were treated extensively by one or more good practitioners, and some of acknowledged ability, and the diagnosis as it came to me from my predecessors was in every case "cancer."

I was led into this particular treatment by the condition of Case No. 1, which would not permit the use of the knife in any way and no form of caustic, and the certainty with which death would follow if the ulceration was not arrested.

I will not attempt to give the therapeutic reasoning by which I was induced to use the ergot in the first case, but will say in brief that I found that all writers on this subject held that these ulcers progressed by reason of their excessive cell growth or hypernutrition and knowing almost if not every remedy had failed of the cure I could think of nothing—as an effort—more suited to the indications, that of diminishing vitality, vascularity, and capillary circulation, and at the same time as free from objection, than ergot.

I tried it in the first case and the manifest result was astounding to the patient, other physicians who had treated him, and to myself, and was as incredibly unexpected as acceptable. To the incredulous I will say that the exact correctness of this report is attested by every medical man who saw the cases.

Case 1. W. W., æt. 67. Applied to me in April, 1876, for the treatment of an ulcer of the left side of the neck and face,

involving the parotid gland and ear. It was about four by five inches in diameter, extending from the meatus of the ear downward and forward along the sterno cleido mastoid muscle, the centre being below the angle of the lower jaw, and was of an irregular circular shape and surrounded by an elevated, indurated and nodulated margin or roll about one inch in diameter, thus making the extreme extent of the ulcer about six inches. The general depth being about one inch below surface of margin, yet in the center it was deeper, at which point the pulsation of the cartoid artery was plainly visible. The floor was covered with indurated, nodulated bodies and the discharge was of a sanious nature, the elevated margin and the floor being quite hard. The cervical, post-cervical and submaxillary lymphatic ganglia were much involved, being indurated and tender. He was emaciated, weak, had poor appetite, and colliquative sweats, and the color of his face, which in health had been very florid, was very pale and the exact appearance of the cancerous cachexia in advanced cases. The ulcer commenced in a hardened elevated tumor of the skin just below the point of the ear, growing slowly, not painful at first; when, about two years previous, it had attained the size of a walnut, the ulceration of the surface of the tumor began and pain also set in. The ulceration of the ulcer steadily progressed until it attained the size described, and latterly there had been frequent and profuse hemorrhages, until at the time I saw him death seemed imminent from exhaustion if not from ulceration of the carotid vessels. The situation and depth of the ulcer precluding the use of the knife or cautery, and all of the physicians whom he had consulted having told him that his death would shortly occnr, at his urgent request I undertook to try something and my investigation led me to try ergot for the reasons stated.

The *fresh* ergot was *freshly* ground to an *impalpable* powder and applied three times daily to the entire face of the ulcer with a large soft hair-pencil, the ulcer being washed thoroughly once every day. The powder was used dry, allowing all to adhere that would. After each application the ulcer was covered with a light muslin rag wet with a lotion of

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|---|---|---|
| ℞. | Carbolic, acid, | ʒ i |
| | Sulphurous acid, | ʒ iv |
| | Glycerine, | ℥ i |
| | Aqua, | ℥ ii ss. |

M. Sig. Lotion.

He was also put upon quinine, iron, cod liver oil and the other usual adjuncts to a restorative treatment. In a short time the discharge assumed the appearance of laudable pus, the induration of the lymphatic ganglia disappeared, the elevated, stony and nodulated periphery subsided, the floor assumed a healthy aspect and in twelve weeks the ulcer had entirely healed and has remained so up to the present time. His general health rapidly improved and up to this time has been continuously good. This gentleman had an uncle who died of a similar ulcer and an aunt of cancer of the breast. All of the physicians who treated this case previous to myself were, and are, confirmed that it was epithelial cancer.

Case II. Mrs. E. K., æt. 40, married, no children. This case was sent me from an adjoining county in March, 1877, by her family physician, with the statement that she was suffering from cancer of the left breast of about three years duration. I found the body of the gland entirely destroyed and its site occupied by an excavated ulcer about five inches in diameter and an average depth of about one inch. Margin elevated, indurated, and nodulated. The ulceration was in active progress, her general system much depressed, feeble appetite, and she had colliquative sweats, etc. The lymphatic ganglia of the left axilla were enlarged, tender and indurated, in fact were so coalescent with the margin of the ulcer that I could discern no line of separation. The supra clavicular glands of the left side were extensively indurated and enlarged. This case began as the preceding—by a small scaly movable tumor of the skin near the nipple. Her family history showed no cases of cancer. The treatment of this case was precisely the same as Case No. 1, yet the recovery was not so rapid and it was not until the following August that the ulcer was covered by a cicatrix, and not until December that all induration and tenderness had disappeared, but up to this date it has shown no sign of recurrence. Her general health has also remained good.

Case III. Andrew B., aged 70. Applied to me in October, 1877, with an ulcer of the outer angle of the left orbit, about two inches in diameter, with an elevated, indurated and nodulated margin, the ulcer being sunken, the floor covered with tuberculated elevations, the discharge slight and sanious, and the ulcer painful. It was of about twenty month's standing and commenced with a scaly tubercle of the skin, which ulcerated about a year before I saw it. This case had been treated by two excellent physicians before I saw it, both of whom pronounced it epithelial carcinoma. This case was treated by the application of the dry powdered ergot three times daily, washing it once daily, and at all times keeping it free from any crust or scab. This ulcer healed nicely in two months and has shown no sign of return.

Case IV. Thomas H., æt. 55. Applied to me in March, 1879, with what his physician had told him was cancer of the lip of one year standing. I found him suffering from a fungoid ulcer of the mucous margin of the right side of lower lip, very painful and bleeding frequently. I removed the fungous mass by scissors and applied the ergot as in the preceding cases, which soon produced an *excavated* ulcer about three-fourth of an inch in diameter, and under the continued use of the ergot the ulcer filled by granulations leaving but a slight scar. The glands under the jaw on right side were much involved when I first saw him. In two months he was entirely well and has had no return. This patient had an older brother who died from an ulcer of the lip exactly similar to his own as far as it proceeded.

Case V. M. D. B., æt. 75. Came under my treatment in 1879 also, with an ulcer of the nose of ten year's standing, which was superficial and actively then progressing. He had been treated by a number of physicians, but with little benefit. I commenced applying the ergot and succeeded in arresting the ulcer in ths locality ulcerated, yet it would ulcerate in new places until he died in 1881.

Case VI. J. G. C., æt. 45. Applied to me in March, 1880, with an excavated ulcer, one inch in diameter, of the right upper eyelid, of eighteen month's standing, which had been treated by three reputable physicians, all of whom pronounced it cancer. His mother died of scirrhus of the breast. The application of

ergot was used and in six weeks the ulcer was healed and there has been no return.

Case VII. John S., æt. 65. Applied July, 1880, with carcinomatous ulcer of right side of cheek, near the nose, of two years duration. The case was very similar to Case VI. The ulcer being somewhat larger. The ergot was used and perfect healing resulted in two months, with no return to date.

Case VIII. George D., æt. 48. Applied January, 1882. Ulcer of left side of the nose, one inch in diameter, twenty month's duration. Healing resulted in five weeks under same treatment.

Case IX. Joseph H. L., æt. 70. Applied March, 1882. Ulcer of tip of the nose, of three years' duration, one and one-half inches in diameter. Treatment as before and recovery in four weeks and no return.

Case X. John S. W., æt. 60. Applied September, 1882. Ulcer of left cheek, two inches in diameter, excavated, with raised edges, of two years' duration, and very painful. Treatment as before, recovery in six weeks and no return.

I have tried the ergot in two other cases of carcinoma, but both were of the deep seated scirrhus form, one of the fauces, the other of the mammary gland, but the effect, if any, was not perceptible.

In this article I have given the facts just as they occurred and leave it to others to judge of them, at any rate I have great confidence in the ergot and shall continue its use in similar cases, not caring or asking whether they be rodent ulcer, lupus or carcinoma.

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *SUB-INVOLUTION.*

Our attention has been repeatedly called to the fact that a very large proportion of all the cases of chronic uterine disorder date from parturition. Thomas, says, "compared with interference with involution, all other pathological influences become comparatively insignificant" as a cause of chronic uterine disease.

We understand that the stimulus of gestation develops the normal uterine parenchyma by growth of existing structures and by new formation during the entire pregnant term.

Immediately after parturition has occurred, a retrograde evolution begins, which rapidly restores the uterus to its original condition, occupying a period of from forty to fifty-five days, until the womb has returned to the normal state of the non-gravid organ.

Any cause which retards or prevents this retrograde evolution, produces the condition under consideration, which is called by different authors non-involution, or sub-involution, or arrested retrograde evolution.

The cause may be a mental shock, or non-lactation, especially in those cases where the child does not live, or in case of an abortion, or it may be that very prevalent habit of rising too soon, or the too early resumption of the sexual act, or perhaps the retention of a small blood clot, or shreds of membrane, or a small piece of the placenta within the uterine cavity.

The difficulty is one of great frequency, quite often occurring and quite often overlooked, and its importance cannot be over estimated, whether regarded as a pathological condition or as an etiological factor, in the long train of evils which will surely follow. There is a disagreement between writers as to whether the condition is the disease or the cause of disease. It is certain, however, that by assisting the normal involution of the uterus a long train of unpleasant symptoms can be averted. Continental writers, however, are now very generally agreed that there is no difference whatever between the continued sub-involution and the disease universally called chronic metritis. The symptoms and pathological conditions in both cases are absolutely the same.

The following symptoms will not all occur in every case, or they may not immediately occur, but are likely to develop with the continuation of the disease. The patient first complains that she does not feel as well as she thinks she ought after a comparatively normal confinement, she does not regain her strength, there is languor, frequent headaches, principally on the top of the head with soreness of the scalp, there is almost complete loss of appetite, general weakness and despondency. As the disease progresses, there is backache, pains throughout the pelvic region, soreness more or less severe over the fundus uteri, and perhaps over one or both ovaries, also a sensation of heaviness, or weight, a dragging in the lower abdominal region, with a tendency to support the abdomen with the hands; there will probably be an excessive sanguineous discharge with leucorrhœa, bowels constipated, more or less irritation of the bladder, with perhaps an almost constant desire to urinate.

The symptoms point unmistakably to the womb as the seat of the disorder, and an examination per vaginam will reveal a descent of the womb, with evident engorgement. But the fact which most attracts the attention of the physician is the size of the womb; it is nearly as large as immediately subsequent to confinement, and its enlargement resembles that of the pregnant condition in its uniformity. The treatment suggested must be begun immediately, as the condition soon becomes chronic, and its amenability to treatment is lessened. First, absolute rest in bed must be enjoined, mental quiet, a mild, light, easy digestible diet, perfect cleanliness, and the use of the vaginal douche once or twice daily, a regular and normal condition of the bowels. A mild tonic, must be given, not necessarily one containing iron, unless there be anæmia, but one which will most rapidly restore a normal condition of the nutritive functions.

For a specific effect on the uterus, nothing excels ergot and bromide of potassium. The following is the formula usually administered by the writer: Ext. Ergot Fl. ʒ iv.; Potass. Bromide ʒ iiss; Aqua Dest. ʒ i; Vinum Xericum qs. ʒ iv. M Sig. Teaspoonful every three or four hours.

Electricity is a most potent adjuvant, and if used in the form of the mild galvanic current will rapidly produce an amelioration of the symptoms, and if used immediately subsequent to confinement will absolutely prevent the conditions and the long train of evils which will surely follow, and will restore the womb rapidly to its normal condition.

It is the writer's positive opinion that the galvanic current judiciously administered early, will accomplish in three weeks in assisting the normal involution of the womb, what nature requires six or eight weeks to accomplish without a single untoward symptom, and is thus especially applicable to those cases where circumstances seem to force them to resume their usual tedious daily round of duties earlier than is beneficial to a rapid and complete natural restoration of the uterine parenchyma.—*Chicago Medical Times.*

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## *PROGRESSIVE MANIA.*

A PERSONAL peculiarity manifesting itself in a striking manner at variance with common modes of thought and action, is not to be considered a sign of insanity, nor as an incipient phase of an approaching mental disorder; but an individual characteristic which grows more and more marked, and manifests itself in ways running counter to the interests of self and friends, may be regarded as evidence of mental aberration. Inasmnch as a pro-

clivity is apt to grow more and more pronounced, there is reason to claim that a maniacal bent or tendency must be *progressive*. The child is endowed with impulses which, if not restrained, may develop into ungovernable appetites. Youth has fancies that have to be curbed by reason, and adult life displays the character a conflict of passion, emotion, and self-control has wrought. The average citizen represents the resultant of a multiplicity of struggles. The exceptional character is the victim of unbalanced reasoning powers. The odd and peculiar person has not restrained and corrected a brittle temper, and has indulged a morose disposition. The mental faculties have been permitted to engage in maudlin visions and senseless expectations; at the same time all disappointments are accredited to the enmity or jealousy of relatives and friends. In moody spells the mind spends its energies in fault-finding, and occasionly gets up speculative schemes in combination with dire plottings. Finding itself thwarted on almost every side, the baffled spirit ceases to admire that which is good, and seeks excuses for doing wrong.

The mental deviation is now in a criminal state, and its plans, if executed, would be punishable; but the alienation goes on in evil ways till in its ratiocinations wicked deeds are deemed justifiable. The distracted mind reasons with itself that right is only to be obtained by violence.

In this strain a damnable plot is concocted, yet is not executed through lack of courage. Another desperate measure is devised, yet an accident is in the way of a consummation. At length, worried to desperation by delay and failure, the goaded mind is out of the bounds of responsibility, and commits a criminal act which in an earlier phase of the mental disorder would be denounced. The mind has gradually degenerated in moral tone until it is not conscious of the guilty nature of its plottings and executions.

The following example, coming within my professional knowledge, illustrates what has just been argued. An unmarried woman of twenty-three years of age, who had a father, step-mother, and brother, had been of melancholic disposition ever since girlhood, and was given to paroxysms of mental depression. She reproached her brother for being a spendthrift, and importuned her father to make over to her what she considered her share of the property—estimated to be eighteen thousand dollars. She accused her step-mother of keeping young gentlemen from calling on her, and never seemed in a cheerful state of mind. The father had consulted several physicians concerning his daughter's health and mental condition. One morning, after breakfast, the father was taken distressingly sick; and his

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We take pleasure in being able to offer the profession a device for the exhibition of quinine which presents many points of superiority over any which has been heretofore suggested. By means of our Soft Elastic Capsules the objectionable taste of the drug is, of course, completely concealed, while the ease with which this capsule is swallowed, after it has been lubricated with the saliva, makes it vastly superior to a pill or the hard capsule.

We manufacture two sizes of these Quinine-Filled Soft Elastic Capsules, containing, respectively, 1, 2 and 3 grains, and 4 and 5 grains of the salt. While each of these two sizes contains a different quantity of quinine the bulk of the contents does not vary with the quantity of the drug, the capsule being completely filled, in the case of the smaller quantity, with sugar of milk. Thus in the first size the capsule containing one grain of quinine contains two grains of sugar of milk, and that containing two grains of quinine being filled out with one grain of sugar of milk.

We have been led to put up quinine in this form through the great popularity which our Soft Elastic Liquid-Filled Capsules have achieved in the short period since our introduction of them. For those who are familiar with the latter the Quinine-Filled Soft Elastic Capsules will require no commendation.

An additional advantage possessed by these capsules is the fact that the quinine entering into each one of them is separately weighed before being encapsuled. We are thus enabled to guarantee the absolute correctness of the amount claimed on the label.

These capsules are put in boxes containing 1 doz, 2 doz., 3 doz., and 100 in each. Owing to their soft nature, to put them up in bottles, after the manner of pills or hard capsules, would be to expose them to the risk of molding and to distort their shape.

Both the manufacture and the packing of these capsules require especial care. We, therefore, in order to guard against the imposition of imitators, have sealed each box put up by us, and disclaim any responsibility for any which are taken from a box the seal of which has been broken prior to its coming into the purchaser's possession.

We respectfully ask a trial of these capsules at the hands of the profession, feeling confident of a favorable judgement.

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# COCAINE.

(ERYTHROXYLINE.)

## COCAINE HYDROCHLORATE.

(MURIATE OF COCAINE.)

## COCAINE ALKALOID,
## COCAINE CITRATE,
## COCAINE OLEATE,
## COCAINE SALICYLATE.

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The remarkable discovery announced last October that a solution of muriate of cocaine applied to the conjunctiva of the eye produces complete anæsthesia of that sensitive membrane, has created a demand for the salts of this alkaloid which it has been difficult to supply,

Coca leaves are scarce, and held at a very high figure, and the scarcity is likely to continue for some time. We have, however, been fortunate in securing a supply of leaves of good quality, and are now in position to fill all orders for the alkaloid or its salts.

The extraordinary power of cocaine salts to obtund the sensibility of the delicate membrane of the eye has suggested trial of its powers on other mucous membranes, as those of the throat and respiratory passages, the urethra and genital apparatus, etc., and the results have exceeded the most sanguine expectations. Its almost instantaneous effect in relieving the excruciating pain in otalgia, in some cases of supra-orbital neuralgia—probably of reflex origin—and in toothache, where the nerve is exposed, should secure for it a place in the pocket medicine case of every physician.

Cocaine salts, however, have no appreciable action on the deeper tissues unless given by hypodermic injection, but when so administered are capable of affording great relief in some painful affections. The medical journals are full of accounts of the triumphs of this new local anæsthetic, which is sure to hold a rank hereafter in the materia medica with opium and quinine

We offer the following preparations of cocaine:

### Cocaine Alkaloid.

In 1 gramme vials, per gramme..... $5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Citrate.

In 1 gramme vials, per gramme..... 5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Muriate.

Salt, Amorphous.

In 1 gramme vials, per gramme..... 5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Muriate.

2 per cent. solution.

In 1-8 ounce vials, per ounce..... 5.00

### Cocaine Muriate.

4 per cent. solution.

In 1-8 ounce vials, per ounce..... $6.25

### Cocaine Oleate.

Containing 5 per cent. of the alkaloid.

In 1-8 ounce vials, per ounce.... ... 9.00

### Cocaine Salicylate.

In 1 gramme vials, per gramme..... 5.00
In 5 and 10 grain vials, per grain.... .35

### Cocaine Salicylate.

4 per cent. solution.

In 1-8 ounce vials, per ounce..... 6.25

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medical attendant thought the symptoms were those of arsenical poisoning. The kettle of water from which coffee was made that morning was found to contain about a half ounce of pulverized arsenious acid. The step-mother that morning took tea that was steeped in a tea-pot, hence she was not poisoned. The daughter drank cold water at breakfast. As soon as the father recovered from the poisoning, he accused his daughter of the crime; and upon his promising not to prosecute her, and not to make the affair known, she made a confession in which she stated that she thought arsenic would dissolve in water as readily as common salt. The father's life was saved through the girl's ignorance. She claimed that the world had always been against her, and that she had suffered so long that she had been driven to despair. By the death of her father and step-mother she expected to inherit money enough to enable her to dress attractively, and to take rank in society.

It is a question whether this young woman was a criminal or a maniac. She had been a confirmed dyspeptic, and menstruated very irregularly. For three years the step-mother thinks the girl had not been "unwell." The physical infirmities may have disordered the mind to an extent that it was no longer capable of thinking and reasoning correctly, or with the consciousness of the responsibility of her acts. She was placed in an insane asylum, and died of typhoid fever about a year ago.—A. J. Howe, M. D., in *Eclectic Medical Journal.*

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## *ECZEMA AND ITS TREATMENT.*

A successful management of eczematous lesions requires an exact appreciation of the conditions present, a knowledge of the means by which they may be remedied, and a proper application of these means. There must be a judicious combination of the internal and external treatment, with additional hygienic attention. The internal treatment is the most intricate; and the local treatment stands midway between the internal and hygienic, as regards importance and simplicity.

In calling to mind the influence of teething, amenorrhœa and dysmenorrhœa, we are naturally led to the indications of cure in such cases. Some get well under the influence of a properly regulated regimen, rest and time. Others require remedies of greater potency.

The physician will, of course, seek to correct any constitutional derangement that may be present, and these conditions must necessarily suggest the remedy. It is the patient, with all his functions and organic derangements, that demands considera-

tion. What is present in one case is not exactly duplicated in another; hence, every case must be individualized. The diet should be regulated, and the bowels not allowed to become constipated. Vegetable tonics and alteratives may be required. Rumex crisp., stillingia, iodide of lime, iodide of potassium, give good results, if persisted in. Arsenic iodide, or Fowler's solution, are good remedies, when judiciously used.

There is one object in internal treatment to which I must allude, viz: *An attempt to the reduction of the infiltration by stimulating the absorptive function of the sanguineous and lymphatic capillaries.* The pathological condition consists in a superabundance of small white cells. Whether these are exudative leucocytes, or proliferative connective cells, is a question yet unsettled. The present problem is to get rid of the overflow; and, to do this, we propose to stimulate the absorbents. No agents are better adapted to this end than hydrastia, podophylin, and iris. We prefer to use these in small quantities: the first in trituration of one-tenth grain; the second in dynamometric granules of one centigram; and the third may be used, in tincture of the fresh root, ten drops to three ounces of water. Dose, a teaspoonful three times a day. The above agents may be repeated every three hours in bad cases.

The roll of local treatment is somewhat extensive, but may be limited to a few of the best remedies. In a few cases local treatment alone will succeed, but will not prevent a relapse. The first indications are to reduce the congestion and relieve the itching. These may be accomplished by a mixture of: ℞. Chloral hydrate, gum camphor, aa grs. xx; adeps simplex, ʒ j. Mix, and apply to the parts affected.

The accumulation of secretion and crusts requires poulticing and vaseline to remove them. Ablutions prove irritating in many cases. It is necessary to use, instead of water, a fluid whose specific gravity is equal to that of the blood. A mixture of rose water, glycerine and a little chloride of sodium will be found to answer this purpose. The crusts being removed, the most effectively curative application is: ℞. Ol. cadini, ʒ iij.; ol. olivæ pure, ʒ jss. M. S. Anoint the parts thoroughly twice a day. The ol. cadini should be genuine, which is seldom the case, and druggists often confound it with *ol. picis*, an article much inferior to the cade in the treatment of eczemas. Pine tar (*ol. picis*), birch tar (*ol. vetula alba*), and corn tar (*ol. de maiz quarto*), all belong to the same category, and the one is liable to be substituted for the other.

The next in importance is a colorless iodine mixture; ℞. Tinct. iodine, ʒ ss.; sulphite sodæ, ʒ iij.; glycerine, ʒ ijss. M. S. Apply to the parts twice a day.

The *oleate of lead* is highly prized in eczema. It has a combined sedative and astringent action, and will arrest morbid discharges, protect the surface, and allay irritation. In the variety of eczemas found in the flexures, in the axillæ and inside of the thighs it is very effectual, often restoring the parts to healthy action. A small quantity of the oil of cade, combined with the oleate of lead, improves its action. As a substitute for the above, the following may be used: ℞. Acetate of lead, grs. xxx.; acetic acid dilute, ʒ iij.; glycerine, ʒ ij.: rose water, q. s., ℥ vj. M. The parts to be cleansed, and the above applied.

The next is the *oleate* of zinc. This is a fine pearl-colored powder, with a soft, soapy feel, and is an excellent agent for dusting over irritated surfaces. It is a valuable remedy in vesicular eczemas, and eczema rubrum. In eczema of the genitals it is excellent. When dusted over a part of it clings to the skin, and does not fall off like ordinary dusting powder. An ointment may be made, when required to be used in that form.

The *oleate* of bismuth is another remedy of value in some cases. It will relieve the engorgement of the parts, and often about the pustules. It may be penciled over the surface with a camel's hair brush. It soothes the tingling and itching, and brings comfort to the patient.

In fissured eczema, where the disease has become chronic, especially upon the palms of the hands and soles of the feet, the following will be found useful: ℞. Oleate mercury, ʒ ss.; ol. cadini, ʒ ij.; oleum olivæ, ℥ ij. M. S. Rub well into the parts night and morning.

In infantile eczema, where crusts form upon the parts, especially upon the hairy scalp, I prefer to abandon the use of the preparation of lead and mercury. The cade, with olive oil, will cure the case.

In eczema of the anus, nipple and umbilicus: ℞. Bismuthi oleatis, ʒ iij.; ext. belladonna, grs. xv.; hydrarg. bichlor., gr. j.; cerati simplex, ʒ j. M. S. Apply at bed-time. Compresses wet with weak solution of potassa; or olive oil and lime water; or glycerine and rose water; or bichloride of mercury, one grain to the ounce of rose water, are also recommended.

Intractable cases of chronic eczema may require more heroic treatment: Caustic potash, one drachm, to water, three drachms; a bunch of absorbent cotton, with which the solution may be rapidly passed over the eruption; after which the parts should be covered with cold water compresses; or, if necessary, the effects may be neutralized by vinegar and water. Cantharidal collodion may be used in the same way; or croton oil can be applied. A single application of either of these irritants is often

sufficient to change an indolent patch of eczema into an active one, after which it only requires the treatment appropriate to the acute form of eczema.

The hypodermic injection of the arseniate of sodium has been practiced recently. A one-fifth per cent. solution, or one-half of one per cent. solution of the drug, is injected into the eczematous patch; from five to ten minims of the solution is used at a time, and may be repeated at intervals of two or three days.

Chronic eczemas usually require constitutional treatment to precede the local measures, to avoid the dangers of recession. The eczematous ulcer of the leg is best treated by saturating gauze muslin with cade oil, and applying from two to six layers of the gauze, overlaying this with absorbent cotton, and, over all, the application of a rubber roller bandage. A daily dressing will soon accomplish a cure.

In conclusion, I desire to call attention to the fact that many diseased conditions of the eyes are due to eczema; not only ophthalmic tarsi, but granular lids, a peculiar swelling of the sub-integumental connective tissue of the lids, lippitudo, catarrhal ophthalmia, keratitis, and even ulcers on the cornea, are merely varieties of eczematous disease. Eczema of the conjunctiva presents many important features. The so-called strumous ophthalmia may be regarded as a chronic eczema. If treated as eczema, many of the cases soon recover. Eczema is often limited to sites as small as the cornea. The treatment should be directed to eczema. Its chief features are non-stimulating diet, with tincture of phytolaca and the syrup iodide of iron internally. Locally, a wash of acetus plumbi, or a few grains of iodoform rubbed up very fine and mixed with a few drops of castor oil, dropped into the lids and rubbed upon the margins. If the lids are affected, as also in pannus, lippitudo and granular lids, a a little of the eczematous ointments may be used with advantage. —E. Younkin, M. D., in *American Med. Journal.*

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## *SPURIOUS PREGNANCY.*

Pseudocyesis is a condition that is liable to come before us, and if we are not thinking about it we may be badly left. It generally occurs in women who have passed the change of life. It may be seen in young married women or the unmarried that have given themselves a chance to become pregnant. The first case that came under my observation gave the following history: About one year after marriage the abdomen began to enlarge; menstruation ceased; milk was secreted in the breasts; morning sickness. She was certain she could feel the motion of a child

in the womb. This young lady had been examined by a number of physicians. They gave it as their opinion that she was truly pregnant. They failed to make the proper examination to determine the exact condition. Judging from her story one would conclude that there must be a true pregnancy. I felt positive that this was the case until I examined the uterus. I soon found that it was nearly normal. I found, also, a chronic inflammation of the right ovary. The left ovary was a little tender. She was informed that she was not in a "family way," and that all her trouble would pass away by treating properly the diseased condition of the ovaries. After a few weeks' treatment she claimed to be as well as ever. In some cases the symptoms will last for months and finally disappear.

Some years ago an old physician stated to me that he had a case of spurious pregnancy that persisted until the end of the nine months, when a spurious labor came on and lasted for nearly one day. The symptoms of spurious pregnancy are constitutional and generally depend upon some abnormal condition of the ovaries. The presence of flatus in the bowels usually accounts for the enlargement of the abdomen. The passage of the wind along the intestines is taken for the motion of the child. The enlargement in some cases may be owing to an increased deposit of fat in the abdominal walls. We must not fail to examine the uterus whenever we wish to be certain in our diagnosis. There are some diseases of the generative organs that cause some of the same symptoms that pregnancy does; as collections in the womb of menses, water or air, fibroid tumors of the uterus, ovarian tumors, etc. We can generally find out what is the matter by making a physical examination and fully considering all the symptoms in each particular case.—*California Medical Journal.*

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## *PLUGGING THE POSTERIOR NARES.*

I RECENTLY read in a medical journal an article in reference to epistaxis, wherein the writer described as new the method of plugging the posterior nares by tying a piece of string about a piece of cotton and with some slender instrument pushing the cotton through the nose to the pharynx, then drawing upon the two ends of string until the cotton plugged the posterior opening, and then placing another piece of cotton over the anterior opening and tying the cord over it.

Students have listened to Prof. Howe's description of this method in the Eclectic Medical Institute for years. This plan is generally successful. In one case I found it impracticable on

account of the swollen and irritable state of the parts and a pledget of cotton of sufficient size could not be passed. The means I used may not be new, although I have not seen it described. I succeeded in this way: Get a No. 6 gum catheter, and lengthen the eye to about one-half inch. Turn a small loop on the end of a No. 20 common iron wire small enough so the loop will pass through the catheter; now curve the looped end of the wire something like the shape of an ordinary catheter (the wire should be about three inches longer than the catheter). Pass a silk cord of fair strength, 40 inches long, through the loop in the wire until the ends are even. Now pass the wire through the catheter until the loop appears at the eye. Tie another cord about 15 inches long on the loop; then pull the wire back until the loop cannot be seen in the eye of the catheter, and it is ready. If correct there is one single string hanging out of the eye of the catheter 15 inches long, and the wire and two long ends of string hanging out of the other end. Pass the catheter until it strikes the pharynx; then push on the wire until the loop emerges from the eye of the catheter and strikes the pharynx below. The object of the single thread is to pull on the curved end of the wire, thus pulling it down and away from the pharynx, at the same time pushing on the wire forces it down so the looped end of the wire carrying the double thread can be plainly seen when the mouth is open, and the double thread grasped by forceps and drawn out of the mouth, to which the plug can be attached and drawn into position after the catheter is removed. Before removing the catheter the wire should be drawn into it, otherwise the tissue might be injured in its removal. The catheter selected should have its eye quite near the end. This is a good substitute for a Bellocq's canula, which not one physician in a hundred possesses.—J. N. Montfort, M. D., in *Eclectic Med. Journal.*

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## *SNEEZING.*

The act of sneezing is produced by irritation of the sensory nerves (the nasal branch of the ophthalmic, the vidian and naso-palatine), which are distributed to the Schneiderian membrane. The irritation may be said to arise from a congestion; at least congestion or hyperæmia always accompanies the irritation. This congestion may be caused by particles of matter from the atmosphere being deposited on the membrane or by a deficient capillary circulation in some remote part of the body, the extra amount of blood being driven to this part. Persons who are delicately constituted, and more particularly those who suffer from vaso-motor disturbances, have their surface circulation

easily disarranged by vicissitudes of temperature. The circulation at the extremities being weakest, and also these parts being the least protected by clothing, is most likely to become influenced.

It is diffcult to determine why these congestions should so often occur in the Schneiderian membrane in preference to other mucous membranes, but one thing we know and that is, where the feet are cold the head is likely the reverse. Perhaps one reason why congestions so often attack this part is owing to the great vascularity of its structure compared with other mucous membranes. It is a fact that many persons whose mucous membranes are in a perfectly healthy state in other parts of the respiratory tract are constantly afflicted with congestion of the mucous membrane of the nasal fossæ. It would seem that local irritants carried by the act of inspiration forcibly against this part, has much to do with aggravating and perpetuating this malady. Some one may say that it has its cause in a constitutional dyscrasia, like struma; but why should the Schneiderian membrane be the localization of all these constitutional states? Of course the extra glandular structure of this membrane does in a measure favor hyperplastic deposits, but not to the extent to account for the almost universal hypertrophy of these parts.

We may rationally conclude, then, the reasons these parts are so commonly affected are: first, that foreign articles are inspired more or less constantly, which may induce a mild congestion; second, that these parts being naturally very vascular are easily affected in this way; third, that retrocession of the circulation from remote parts will likely determine the surplus to this already weakened and congested part; and, fourth, that the elaborating powers being in a low state, will favor structural changes, either simply hypertrophic or neoplastic.

I give the foregoing conjectures as food for thought regarding the cause of the too common affection, chronic nasal catarrh.

Coming back to the subject of our text, "Sneezing." This is one of the first symptoms in the developing stage of nasal catarrh by which we may be guided in the administration of remedies. It is this chronic state of extra vascularity which excites the glands of the mucous membrane to undue activity and finally induces organic changes in the mucous membrane and the sub-mucous cellular tissues.

As a remedial expedient we will scarcely be able, to an appreciable extent, to control the amount of foreign irritants coming in contact with the mucous membrane, but in the management of some cases it may be thought of. There is one remedy that is of great importance to prevent the temporary congestions which

cause sneezing. These parts become so sensitive that every slight cooling of the surface gives rise to turgescence, and then the sneezing comes. If you can equalize and strengthen the general circulation against these vicissitudes of temperature these congestions will be prevented. This remedy is quinine. In the first stage of nasal catarrh, the hypertrophic form, when the patient complains of taking cold constantly and that his nose is stopped nearly all the time, this remedy if it is not otherwise contra-indicated, will act very promptly and satisfactorily. If the patient is strumous so that hyperplasis might follow these prolonged congestions, it would be necessary, in addition, to use means, hygienic and medicinal, to raise the standard of vitality.

In the use of quinine to prevent taking cold it had better be given in two or three grain doses. This is a favorite formula in many cases:

℞ Quiniæ sulph., ʒ j.
Acid phospho. dil., ʒ iii.
Tr. ferri chlo., ʒ ii.
Elixir simplicis, ad ʒ iv.

M. Sig. Teaspoonful three times a day.

Of course local treatment is not to be neglected. Mild astringent sprays may be used with a perfume atomizer several times a day.—*California Medical Journal*

## SELECTIONS.

### *A METHOD OF AVERTING SYNCOPE.*

It is well that we should always be prepared to avert what may or may not prove to be a serious, or even fatal syncope. In persons whose hearts are weak, fainting or syncope is not at all uncommon, and may be produced by very slight causes. Hence we reproduce the concluding paragraph from an article on the subject by Dr. William J. Notley, in the *Lancet*, March 14, 1885:

"Now, in all cases where the syncope is not complete, and where the heart continues to act, though feebly, measures are taken to restore the patient by adopting such means as are calculated to strengthen the action of the heart and facilitate the flow of blood to the brain. In many cases a person accustomed to faint from slight causes will be able to avert the syncope by adopting such means, and it is for this purpose that I wish to draw attention to the efficacy of heat applied to the head. In a person with a weak heart, syncope may be produced by simply sitting with the feet in hot water, and, in like manner, it may be averted by application of heat to the head. Anyone may con-

vince himself of this by first producing faintness in himself artificially. This may easily be done by getting into a bath of about 110° F. In a few minutes he will begin to feel faint. Let him then plunge the whole of his head except the nose and mouth beneath the surface of the water, and in less time than it has taken to bring on the faintness all the disagreeable sensations will cease, and he will now be able to continue in the bath, perhaps for half an hour longer, without any inconvenience. From this it would appear that the application of heat to the head is a measure of some value in averting a threatened attack of syncope.—*Medical and Surgical Reporter.*

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## *A SIMPLE METHOD OF TESTING THE QUALITY OF HUMAN MILK.*

Undoubtedly the best way to test the quality of milk is to have a thorough examination of it made by a competent chemist. As this is generally too expensive and elaborate a procedure, we have various makeshifts in the way of lactometers, cremometers, lactoscopes, etc. All these necessitate expenditure of money and time without a corresponding return in practical results. So true is this, that Prof. Tarnier recommends for testing the quality of milk as primitive a method as the following: Take a little milk in a spoon or glass, put a drop on the nail, and judge by its transparency and the way in which it flows, whether it is rich or poor in nutritive elements.

Dr. Paul Helot, surgeon-in-chief to the Maternity Hospital at Rouen, has suggested another method almost as simple and much more precise. Taking advantage of the fact that the size of the drops of different liquids differs according to their density or molecular cohesion, he determined the average number of drops in a certain volume of healthy human milk at a temperature of about 15° C. (60° F.) The same was done for distilled water. He used for the purpose a Pravaz syringe, holding one cubic centimetre without the needles. It was found that one cubic centimetre of good human milk gave thirty-five drops from the syringe; the same volume of water gave thirty drops. Hence the formula: In a dropper of a given capacity the number of drops of distilled water at 15° C. is to that of woman's milk as six is to seven. Some variations occur within healthy limits; if, however, the number of drops was below thirty-three or above thirty-nine or forty, the milk should be rejected. As human milk varies at different times, the standard adopted was that of a healthy mother nursing a healthy two months' child, samples being taken from each breast at the mid-period of nursing.

Doubtless Dr. Helot's method will prove a useful one when a physician is called upon to judge of the quality of the milk of a wet-nurse or a mother. It is at least easily tried, and involves no apparatus but a hyperdomic syringe.—*Medical Record.*

## *CAFFEINE IN BRIGHT'S DISEASE.*

The medicinal treatment of this disease is so unsatisfactory that we oftentimes feel inclined to grasp at straws; and while caffeine may be only like grasping a straw to save a drowning patient, yet we deem it well to report what Dr. Alfred S. Gubb says in the *Lancet*, February 28, 1885:

"I have had a case of sub-acute Bright's disease (following presumably on an acute attack) under my care for two months, with scanty, highly albuminous urine, and gradually increasing ascites and œdema of the lower part of the body and lower limbs. The only treatment which had benefitted the patient in the least was the milk diet; but, in spite of a temporary improvement on this account, symptoms of approaching uræmia, and the inefficacy of any medicinal treatment, or hot-air baths, etc., rendered the case an anxious one. I then tried caffeine in the two forms supplied by Messrs. Burroughs, Wellcome & Co. for use at this hospital. First the effervescent citrate of caffeine, an elegant and agreeable preparation, but which only contains a grain to a drachm; and is therefore hardly as convenient as the Wyeth's tablets, each of which contains a grain; being readily soluble, they constitute a very convenient method of administration. The result of three or four days' treatment at the rate of fifteen grains a day, in three doses, was to increase the flow of urine from half a pint to between three and four pints of clear urine, though still slightly albuminous. The epigastric and lumbar pains disappeared, together with the cerebral and visual troubles, and the condition of the patient has uninterruptedly improved ever since, and she has left the hospital quite convalescent."

## *A REMARKABLE CASE OF HYSTERIA.*

Dr. T. B. Camden, of Parkersburg, W. Va., sends an amusing report of his investigation into the wonderful case related by Dr. J. P. Shafer in *The Medical Record* of November 22, 1884. He accompanied the doctor, by invitation, on three different occasions in May last, to the patient's house, and witnessed the alleged transit of the calculi from the kidney to the chamber vessel. The incidents of the first visit he describes as follows: "The doctor, after a bedside lecture on his mode of passing the calculi from the ureter and kidney, asked the patient if she felt

any gravel. She located those along the course of the ureter. The doctor placed two fingers over the parts, proceeded to pull and push, stopping at times to have her locate the gravel, and keeping up the manipulation, and gradually bringing them along the supposed course of the ureter until he got *an inch above the pubes*, when he made steady pressure, remarking that the lady could tell when they slipped into the bladder by loss of pain. She said: 'there, it is in.' Another and a third were landed in the same way, and all found the *new* entrance of the duct into the bladder just an *inch above the pubes*. The doctor remarked that at a certain point in the journey they caused the patient to 'jerk'—and she 'jerked.' The doctor would have me try my skill at the new feat, but, from lack of faith or awkwardness, I failed. The operation was not very painful. I have seen patients suffer agony in passing a renal calculus, so that opiates and chloroform had to be resorted to; but three were passed in this case in a few moments, and we all seemed to enjoy it. 'Now,' said the doctor, 'I have them in the bladder, I will introduce this catheter.' (It was a large female gum catheter, with a large eye.) 'She will then get up over the chamber, and pass the calculi through it into the vessel. If any are too large to pass through the catheter she will catch them *in the eye* of the instrument and pull them out.' I was struck with the skill necessary to scoop one into the eye. She got out of bed and over the vessel and soon we heard something drop, drop into it. 'There they come!' said the doctor. She soon produced the catheter from under her clothes and, sure enough, a big, rough, irregular stone peered from the opening. It almost smiled at me. Both doctor and patient appeared well pleased. I was presented with the find, 'which they both regretted was not larger.'

Dr. Camden remarked that some of the stones were rather large to have passed through the catheter, and was answered by Dr. Shafer that he also had observed the same fact, but presumed that it was due to the 'peculiar expansive power of the urine over the gum.' Among the stones taken from the chamber after the operation was a coal cinder. This was shown to the medical attendant, who ventured the suggestion that its presence might have been accidental. Upon being invited a second time to be present at the *seance*, the writer prepared a cork to fit the catheter and drilled in it a small hole of just sufficient size to allow a stream of water to pass. This he managed to insert into the catheter unobserved. The previous operation was repeated in all its details, and the stones rattled into the vessel with just as much ease as if the catheter had not been plugged. Still a third time the invitation to witness the manipulation was extended and

accepted, and again the cork was slyly introduced into the catheter. But the stones laughed at all obstacles and dived into the water as before. Each time also one large fellow was deftly captured in the eye of the instrument. An attempt was made to pass some of the pieces of stone through the catheter, but they were far too large. The stones were all, the cinder of coal excepted, of the same general appearance. They were almost flat, comparatively smooth on one surface, and somewhat nodulated on the other, while the sides were very rough and showed unmistakable evidences of fracture. They were on an average five-eighths inch long by three-eighths inch wide, some being larger and some smaller. Some of them were examined by Curtis C. Howard, an analytical chemist of Columbus, O., who reported that they resembled ordinary limestone in composition, and "could not have been formed in the human body." The little ruse with the cork was explained to the attending physician, but "he insisted that the stones must have come from some place, and he was sure he could not have been deceived."—*Medical Record*

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## *THE BROMIDE OF ETHYL AS AN ANÆSTHETIC IN LABOR.*

Dr. Montgomery reviewing the various anæsthetics, said chloroform is objectionable in that it causes inertia uteri and tedious labor, and increases the danger of post-partum hemorrhage. The relatively infrequent fatal cases under its use in surgical practice and the still more rarely serious results from its use in obstetrics, forbid its habitual use. The use of ether in natural labor is infrequent, because to relieve pain the patient must be profoundly etherized. Partial etherization destroys the ability to bear pain without obtunding sensation. Besides, Tait has demonstrated that ether passes rapidly into the circulation of the fœtus, endangering its existence. The mixture of nitrous oxide and air, advocated by Klikowitsch requires a special apparatus and is unwieldly. The ideal anæsthetic is one that is safe for mother and child, certain in its effects, rapid in relieving pain without producing loss of consciousness, and whose effects pass off quickly. All these demands are met by the bromide of ethyl. He enumerated 112 cases in which it had been used, twenty-nine of which were in his own practice; none of the mothers died, and but three of the children. In none of the latter could death be attributed to its use. It was administered during the second stage of labor by placing a napkin, wet with a few drops of the ethyl, over the face of the patient at the advent of each pain and

withdrawing it as the pain subsided. Unless a drachm was used, the sensation of pain was obtunded without arresting consciousness. The process of labor was carried forward, vigorously and quietly, the patient ready to exert or withhold voluntary aid as her attendant might direct, and the expulsion of the head was attended by no greater pain than accompanies the evacuation of obstinately constipated bowels. His experience did not lead him to believe that its use would induce inertia uteri or increase the tendency to post-partum hemorrhage,

Dr. D. M. Barr is much interested in this subject, and thinks, from this report, that the indications for the usefulness of bromide of ethyl are favorable. He would like to know to what degree the patient returned to consciousness between pains. He will use bromide of ethyl as an experiment, but he will say here that his old combination still gives him the very best effects with perfect safety. He has continued to use it in almost every case of labor since his report on anæsthetics in labor, see *Medical and Surgical Reporter*, March 13, 1880. He would feel some hesitation in using the bromide of ethyl, as it is dangerous, even if not so much so as chloroform. How would it act if mixed with ether? The objectionable qualities of chloroform and ether balance and overcome each other, and the addition of alcohol to the mixture prevents their explosive action, so to say; that is, the sudden effect of a full and deep inspiration of the strong vapor of the anæsthetic is prevented by the admixture of alcohol in the proportion of: Chloroform, one part, by measure; ether, three parts; and alcohol, two parts. If a portion of this mixture be placed in a saucer and heated, it will all evaporate together; the ether does not pass off from the alcohol. This mixture soothes the pain and makes the patient happy. The excited or drunken stage of ether is avoided; the danger of chloroform is avoided; unconsciousness is unnecessary, and is not produced. If bromide of ethyl has any of the dangers of chloroform, they are unchecked by admixture with correcting agents. Dr. Barr related the particulars of a case in which he had employed this mixture to show how kindly it acted in presence of suspected functional heart disease. In this case its administration was continued for nine hours; the pain was relieved, there was no vomiting, no effect upon the pulse.—*Medical News.*

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## *CIGAR SMOKING AND CANCER.*

Apropos of the report (very commonly believed in this country among the public) that General Grant's condition is due to cigar smoking, we quote the following *sensible* remarks from the *Brit. Med. Jour.*, March 14, 1885:

"Whilst all who read the newspapers in any country must have learned, with regret, that the gallant general who saved his country from disunion, and guided its destinies for so many years, is suffering from a painful and deadly malady, it is very advisable that capital should not be made by a certain party out of the alleged cause of his illness. It has been distinctly reported in several journals that General Grant is suffering from cancer of the tongue caused by smoking. A little knowledge of pathology is sufficient to demonstrate that smoking cannot cause cancer, although the irritation of a pipe sometimes sets up ulceration of the lip, which, when of long standing, may become cancerous, provided that the patient has a heriditary tendency to cancer. There is no evidence whatever that cigar-smoking causes cancer of the tongue. Mr. Butlin, the author of some of the most recent observations and statistics on cancer of the tongue, has shown that the proportion of men to women suffering from that disease is nearly six to one, but that it occurs in men who neither drink nor smoke, whilst it is as rare among women of the most masculine habits as amongst other females. Even the irritation of a broken or decaying tooth can only be an occasional exciting cause, since this condition is as common amongst women as amongst men, whilst cancer of the tongue is, fortunately, rare, out of all proportion to cases of decayed teeth. There can be no doubt that a man with a tooth irritating his tongue ought to have it removed. It is equally certain that no smoker who has a sore on his tongue ought to persist in the use of tobacco until that sore is cured. But the risk of cancer through smoking is so infinitesimal, as to be perfectly useless as an argument for the anti-tobacconists."—*Medical and Surgical Reporter.*

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## *CONCENTRATED FOODS.*

Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive

qualities. It will be found a useful remedy also for constipation and chronic diarrhœa resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company of New York bears a high name, and this has been still further emphasized by the award of the Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats,) the only preparation composed of these three cereals. Professor Charles R. C. Tichborn, after an examination of the principle unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients in these foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: five an a half per cent. of flesh-formers; seven per cent. of heat-givers; two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquefied "twenty parts of starch in two minutes," and had completely changed or digested that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this preparation. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat—a food is obtained which represents the average composition of the three cereals, and that food already digested for use, a condition of immense value to the physician in those special cases where the digestive functions are impaired.—*Midland Medical Journal.*

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## *THE INJECTION OF HOT OR COLD WATER IN UTERINE HEMORRHAGE.*

Dr. Schwarz relates a case of post-partum hemorrhage which was controlled temporarily by an injection of water at a temperature of 120° F., containing two and a half per cent. of carbolic acid. The bleeding began again, however, and could not be

arrested by further hot-water injections. A trial was then made of ice-water with perfect success. In other puerperal an non-puerperal cases, after failure with hot water the author obtained most satisfactory results with cold injections. Dr. Graefe has also had several cases in which he found cold irrigations to answer the purpose after hot water had failed. He regards the styptic action of hot water as due not only to the swelling of the tissues which it causes, but also to a certain degree of muscular contraction in the uterine walls. The former is not sufficient in itself to arrest the hemorrhage unless aided by muscular contraction. When cold water irrigations follow those previously made with hot water strong contractions of the uterine muscle are excited, but the œdematous swelling caused by the hot water cannot be so rapidly overcome, and hence the two conditions most favorable for arresting the hemorrhage are present. In the same way, when hot injections follow cold ones the irritation to the muscular tissue remains and to it is added the swelling of the tissues above mentioned. If only one be used Schwarz prefers the cold water, as having the advantage of absolute safety. Hot water, if too hot, may cause a paralysis of the uterine muscular tissue, and if not hot enough will only increase the hemorrhage. If a trial with one temperature be unsuccessful, the use of the opposite will almost certainly control the bleeding.—*Schmidt's Jahrbucher.—Medical Record.*

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## *IODIDE OF POTASSIUM IN ECZEMA.*

The importance of having at command a number of constitutional remedies which are capable, either directly or indirectly, of exerting a favorable influence in so obstinate a cutaneous disease as eczema, is appreciated by all whose practice calls upon them to treat such cases. Probably the most reliable remedy in the average case of eczema is arsenic; but often enough it fails to have an appreciable effect, and, indeed, not infrequently its action is prejudicial, even in cases in which the probability of its good effects was scarcely questionable.

Iodide of potassium is a remedy, which in a number of cases has rendered me good service, and is one, moreover, that is rarely capable of seriously aggravating the disease, as occasionally happens in the administration of arsenic. With the experience so far at command, it would be impossible to say in what particular class of cases it may be found useful. The impression formed, however, would indicate that it is of greatest advantage in sub-acute and chronic eczema, in which the inflammation is of a moderate grade. Moreover, it seems to have a greater

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

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*(HYDRATED OIL.)*

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| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water, to be taken thrice daily after meals.

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An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

### Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | - - - - - | 12 | " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
Podophyllin, - - - - - - - 1.20 gr. }

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

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A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

### Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

### Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

### Salicylic Acid (in Crystals)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

### Tincture Gelsemium—Merrell.

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Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

### Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Official Fluid Extract is not admissible.

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influence in the eczema occurring in persons otherwise apparently in good health. In fact, if a positive conclusion were yet warrantable, it would be to the effect that the remedy finds its greatest use in those cases in which such tonics as cod-liver oil, iron, and bark, are contra-indicated. In broken-down subjects, and especially in cases in which the disease has been superinduced by mental worry and overwork, it seems to have but little value; and in cases in which dyspepsia is the main predisposing cause, it rarely benefits, but, on the contrary, will often aggravate. In eczema of the lower extremities, due in part to a varicose condition of the veins, it has but little influence. Nor is its use confined to the adult. In several remarkably obstinate and relapsing cases of eczema in children, it brought a permanent cure where other remedies failed to have the slightest effect.

The beginning dose for a child of the age of six months to a year, should be a half grain, increased to a grain, or even to two grains, and given three times daily. In children past the age of one year and under three the dose may be one grain, and increased to three grains; in older children, five-grain doses may be reached with favorable effect. It is best administered to children in water flavored with syrup of orange-peel or ginger; in some cases in which the remedy thus prescribed causes gastric uneasiness, a small quantity of a bitter tincture may be substituted for the syrup with advantage. In the adult, the dose at first should not be more than five grains, three times daily, and later increased, if found necessary. If ten-grain doses fail, it is more than probable that larger doses will also be without effect, or may even aggravate. The remedy is not to be continued if it causes persistent nausea. It is borne much more readily when given in Huxham's tincture, or the compound tincture of gentian, than in syrup mixtures. As a rule, it should be taken well diluted about thirty minutes before meals. They are, of course, exceptions to such a rule. With some persons a dose of medicine before the morning meal excites nausea and vomiting; with such, a dose may be prescribed before the midday and evening meals, and at bed-time. Occasionally it is best borne about two hours after eating. Certainly the remedy seems to have more effect taken when the stomach is empty, provided, of course, it causes no gastric disturbance.

To rely upon any internal treatment exclusively, however, for the relief and cure of an eczema, would mean invariable disappointment. With the potassium iodide, no less than any other remedy, a suitable plan of external treatment is a necessity, if relief is to be expected. Constitutional remedies will often modify the morbid action of the skin so as to promote the

favorable effect of external treatment, and render such favorable results permanent; to expect more than this would lead to repeated failures. In conclusion, this particular remedy—potassium iodide—although of great benefit in some cases, will, unfortunately, be found valueless in others.—Dr. Stelwagon, in *Medical News.*

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## *SUBCUTANEOUS BLOOD INJECTION.*

Professor V. Ziemssen, in the *Deutsches Archiv fur klin. Med.*, at the conclusion of an interesting paper on the subcutaneous injection of blood, says that "the number of corpuscles in the blood of persons receiving the injection is increased. I am thoroughly convinced that simple procedure is practicable to every physician, so soon as he finds a person willing to supply the blood, which, in times of necessity or danger, is never difficult. The injection, moreover, is not in the least dangerous in its effects to the patient. In a few instances only—in phthisical patients—were there any resultant pain. This lasted only one or two days, and was accompanied by no other unfavorable symptoms. Cases of severe anæmia and chlorosis,—of anæmia after post-partum hemorrhage, due to severe wounds, and epistaxis, and intestinal hemorrhage (I lately had the opportunity to practise subcutaneous blood injection after enormous hemorrhage in typhoid fever), in leukæmia and pseudo-leukæmia, progressive pernicious anæmia, and in poisoning by noxious gasses, give in practice, inducement to attempt the restoration of the blood without resorting to transfusion. Accordingly, it happens that transfusion is only tried at the last moment, consequently is seldom or never of any benefit.

Upon repeated blood injection, in many chronic blood diseases, I can lay especial emphasis. Transfusion is a procedure much more advised than practised, and has never gained any considerable significance among the resources of practical medicine. Possibly, owing to its simplicity and freedom from danger, the method of blood renewal by subcutaneous injection will attain a greater popularity.

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## *ICTERUS PRODUCED IN A FEW HOURS BY NERVOUS IRRITATION.*

What might be called the psychological causation of jaundice has been already discussed in our pages; hence, the following case, which we note in the *Jour. Am. Med. Ass.*, March 7, 1885, is of interest. We learn that Dr. H. Rendu (*France Medicale Jour. de Med. et de Chir.*) relates the case of a

woman twenty-five years of age, who had been treated in his hospital service for puerperal peritonitis. During her convalescence, while her general condition appeared to be good, she was affected with retention of urine. The student who attempted to use the catheter made several inaffectual efforts, but was obliged to desist on account of a sort of nervous crisis which his manipulations produced. Three-quarters of an hour later, when he returned to the ward, he was astonished at seeing his patient manifestly jaundiced (she had a very clear skin previously). As he was about to attempt catheterism again, the patient, still very nervous, urinated spontaneously—the urine being of a deep brown color, and evidently containing biliary pigment. This occurred at 11.30 A. M. At 1 P. M., the yellow color was marked not only in the conjunctivæ, but also all over the skin, being most pronounced on the abdomen and trunk, and a little less on the extremities.

On the following day the jaundiced appearance was as decided as during the most intense and prolonged cases of hepatic colic. The urine looked like brown beer, and gave a green color on the addition of nitric acid. The stools were of the greyish, clayey character, as when deprived of bile. The pulse was normal—no prurigo, no nervous trouble, no hemorrhagic tendency, tongue clear, marked thirst, no want of appetite; ate but little; no pain over nor enlargement of liver; no abnormal sensibility at the epigastrium.

For two days the icterus retained its maximum of intensity. The third day it commenced to decline, and the stools took on a little color, the urine remaining dark. The fourth day gave no trace of the jaundice externally, only the urine was a little dark in color and responded to the nitric acid test. On the fifth day there was no evidence whatever of the recurrence of jaundice.—*Medical and Surgical Reporter.*

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## *IS DEATH NECESSARILY INSTANTANEOUS AFTER BULLET WOUND OF HEART?*

A CASE of some interest has just been developed in a post-mortem examination held a few days since at Utica, upon the body of S. Clark Smith, killed by Dr. Richter at Middleville, N. Y., February 27th. It appeared that one bullet passed through the left auricle and right ventricle of the heart. Another ball passed through the right lung.

Each shot was fatal, but Smith walked by actual measurement eighty-two feet, before he fell. The day this murder was committed, Calvin McCarg was on trial at Utica for killing Theresa

Johnson at Forestport last April, and the deed was committed in much the same way; but the expert testimony produced in the trial was strongly at variance with the facts as shown in the Smith case. Theresa Johnson was found dead on a bed in her father's house. In another room, twenty feet distant, a revolver was lying. One theory of the defence was suicide. This was rejected by the positive testimony of physicians that the girl's death was necessarily instantaneous, as the bullet passed through the right and left ventricles and aorta of the heart, and that she could not have stirred after receiving the fatal wound. Other physicians gave testimony disputing this conclusion, but the theory of instantaneous death was accepted by the jury and Mc Carg was convicted by circumstantial evidence.

After the conviction much interest was caused by the knowledge of the second murder and the demonstration it gave, that a person with two mortal wounds, one of which was similar to that of Miss Johnson, could move and did in fact walk eighty-two feet. The crime was satisfactorily proven against McCarg in any case, so that the doubt as to the correctness of the expert evidence would not make a new trial a necessary one.—*Medical Record.*

## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

### *RESPONSIBILITY OF EPILEPTICS.*

Most medical observers, as well as non-professional persons, have noticed with anxiety the tendency of epileptic seizures to impair the mental caliber. A recent case came to our notice, in which a gentleman, subject to monthly fits of epilepsy, was brought before the probate court of an adjoining county for inquiry as to his sanity. The investigation, after much acrimony of a domestic character, terminated in placing this patient in an asylum for treatment, it appearing that he was at least partially or periodically of unsound mind. Such questions are of serious interest to the community, and must become more and more so to those interested in the subject of mental diseases.

Bearing upon this grave question, a paper was recently read before the New York Medico-Legal Society on the subject of the *Legal Responsibility of Epileptics.* As is well remarked:

"Children, who, in after life, become epileptic, are often remarkable examples of precocious cleverness; they are bright, quick, and full of imagination, and have astonishing memories, but are apt to be shy, tetchy, quick in quarrel, and liable to sudden gusts of temper. These unnatural gifts are not lasting; the promise of the child is not fulfilled; he becomes stupid, morose, fearful, and blustering. The early cerebral exaltation is the evidence of the morbid germ which later is to be known by its fruit."

Now, in some—perhaps we should say many—instances, there is simply a gradual failure of intelligence—a tendency toward what we understand as idiocy; but in other instances there are terrible outbreaks of maniacal fury, homicidal or suicidal impulses, or both together.

In the course of the paper above alluded to, a number of epileptic cases and their peculiarities are related, demonstrating very clearly this tendency to impulsive insanity of action.

Take the following: "An epileptic young man, who had always shown filial affection, and never, beyond some extravagant ideas, any signs of mental derangement, one day had three epileptic seizures. The following night he got out of bed quietly, and, with a single blow of some weapon which happened to be at hand, killed his mother, who was sleeping in the same room, and in the same manner dispatched his father who was asleep in an adjoining room."

The case of a man who was tried for the murder of his wife, was embraced in this paper. The usual plea of insanity was set up, but the question of epilepsy was overlooked. "During the trial the prisoner had a well-marked epileptic seizure, and on account of his unconsciousness the court adjourned, without further examination of witnesses. A verdict of guilty was found but not passed. On subsequent examination before a county justice, the man was committed to an asylum as being epileptic and of doubtful responsibility. During a stay of several years at the asylum he continued epileptic, and became quite deranged, but finally he regained his mental powers and got quit of his epilepsy after an attack of fever."

Thus far all these investigations as to the relations of epilepsy to insanity—and therefore to responsibility—are by no means

satisfactory. But we have some points pretty well established: The mind of an epileptic is rarely, if ever, whole. Insane conditions appear to be impulsive; there are lucid intervals, with wretched sensations of dread and disposition to vicious conduct; there are intervals of a correct idea of right and wrong, but morbid impulses seem almost uncontrollable.

There is already a tendency to undue appropriation of insane conditions as an apology for criminal conduct—and we have no desire to contribute to this excuse for vice—but these conditions growing out of epilepsy must become a matter of increasing interest to the expert who would carefully investigate insanity with any wish to be regarded as authority.

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## *CONFESSION NO PROOF OF GUILT.*

The *Lyon Medical*, of April 28, 1872, refers to the case of a girl, aged twenty, supposed to be seven months pregnant. After an attack of hemorrhage, her size seemed to have considerably diminished; and the girl, being closely questioned on the subject, said that, becoming aware of the discharge, she repaired to the closet, where she stayed ten minutes. She added that all had escaped, but that she had not time to look, as she was being called by her mistress. A midwife and the parish surgeon both declared that the girl had been recently confined. She was now again assailed with questions, and told that, for her own sake, she had better make a clean breast of it, as no fœtus had been found in the closet. Perhaps, it was suggested, she had thrown it into the pigsty. The poor creature at first denied such a thing, but at last confessed that it was so. A search was made, but no child was discovered. She was tried for concealment of birth, on her own confession, and sentenced to six months' imprisonment. The girl had not been taken into custody in consideration of her free confession, and she quietly proceeded to the gaol. When admitted, it was found that she was far advanced in pregnancy, and soon gave birth to a healthy girl. By the French law she could no longer appeal, as more than ten days had elapsed since the verdict; but the judge, having the power of appealing within two months, did so, and the girl was acquitted.

This case shows that confession, which is looked upon as the

clearest proof of guilt, can not always be relied upon. And what shall we say of the surgeon and the midwife? The examination was probably hurried and incomplete, and the conclusion arrived at on seeing the signs of recent abundant hemorrhage. This case, even in a simple obstetrical point of view, is full of valuable hints.

---

## *A TOOTHLESS PEOPLE.*

TERRIBLE times are thus depicted by the editor of a Southern newspaper:

"A few weeks ago a dentist came to town and advertised that he would 'remove all of a person's teeth for two dollars and insert a new set for ten dollars, besides giving six months' credit.' The people of this town are very fond of bargains, so there was a rush for the dentist's office. He was busy for two weeks pulling teeth, and at the end of that time half the people had empty gums, and a bone-dust factory in the neighborhood doubled its workmen so as to grind up the teeth.

"Meanwhile the people were waiting for the dentist to fit them with new sets, the abandoned scoundrel eloped with the hotel keeper's wife, and now there are two or three thousand people in town who cannot eat anything tougher than soup and farina. All the butchers have failed, and not a cracker has been sold for three weeks. One man, it is said, whittled out a set of wooden teeth for himself, but the first drink of whiskey he took set them in a blaze, and his funeral came off the next day. The dentist will hear of something to his disadvantage if he comes back."

---

## *BILLS.*

WE always allude to pecuniary matters with reluctance, but printers and paper-makers are as inexorable as bankers. With the next issue we shall commence sending out bills to all who are in arrears. We confidently expect a prompt response. Our circulation has very materially increased during the past year. Attention is called to the fact that the price of the JOURNAL is ONE DOLLAR A YEAR—*in advance*. If in sending out bills any mistakes are made, we apologize for them in advance, and all such will be corrected with pleasure.

## *REMOVAL.*

The old and well known firm of manufacturing pharmacists, B. Keith & Co., who prepare the Concentrated Tincture of Avena Sativa, which has won such an enviable position as a nerve tonic, have removed from 41 Liberty Street to more commodious quarters at 75 William Street, New York City.

## OUR LITERARY EXCHANGES.

The Century. This sterling magazine is so well known and enjoys so large a circulation, that we feel that our words are but feeble in support of its claims. As usual the current number is full of interest. Admiral David D. Porter contributes to the War Series a striking paper on "The Opening of the Lower Mississippi," and accompanying it are portraits of Admirals Porter and Farragut, General Butler who commanded the land forces, and other leading participants in the conflict on both sides. Henry W. Grady, of the *Atlanta Constitution*, writes under the suggestive title, "In Plain Black and White," a reply to Mr. Cable's recent paper on "The Freedman's Case in Equity." The fiction of the number includes Mr. Howells' story "The Rise of Silas Lapham," "The Bostonians," by Henry James, and a humorous story by Col. Richard Johnston. These are but a few of many articles, any one of which would well be worth the price of a year's subscription.

The Eclectic, for May, contains an unusually varied and attractive list of contents, both the subjects and authors being of a sort to command attention. "The Political Situation of Europe," by F. Nobili Viteleschi, Senator of Italy, will be read with great interest. Wm. L. Carpenter gives an admirable sketch of the life and character of Sir William Siemens, than whom no other man of the time has done more to promote the practical application of scientific discovery to industrial purposes. "Organic Nature's Riddle," by St. George Mivart, is the title of a most interesting article, and some of the most curious, not to say amusing, facts are related as illustrations of instinct in various animals and insects. Other thoughtful articles of note are "Explorations in a New Direction," and "Odd Quarters," by F. Boyle, together with a number of choice and well assorted short papers on subjects of popular interest.

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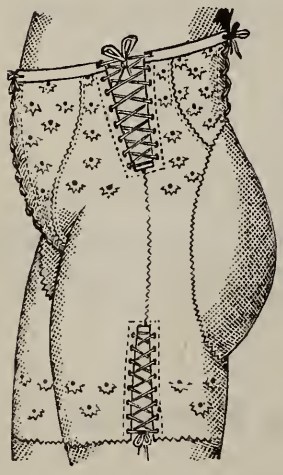

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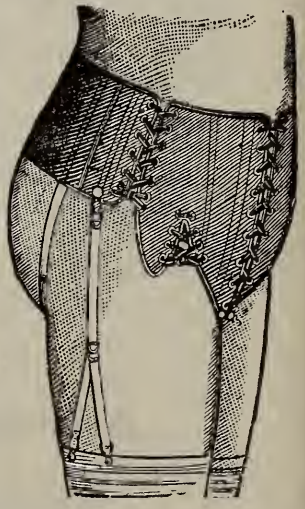

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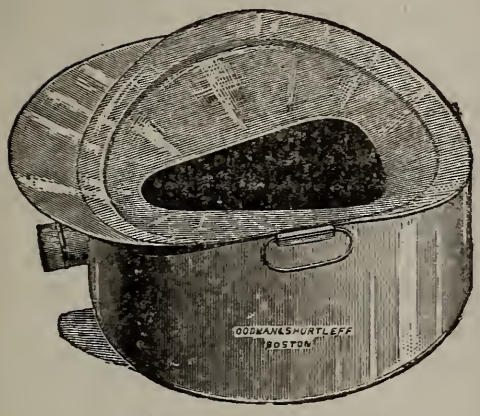


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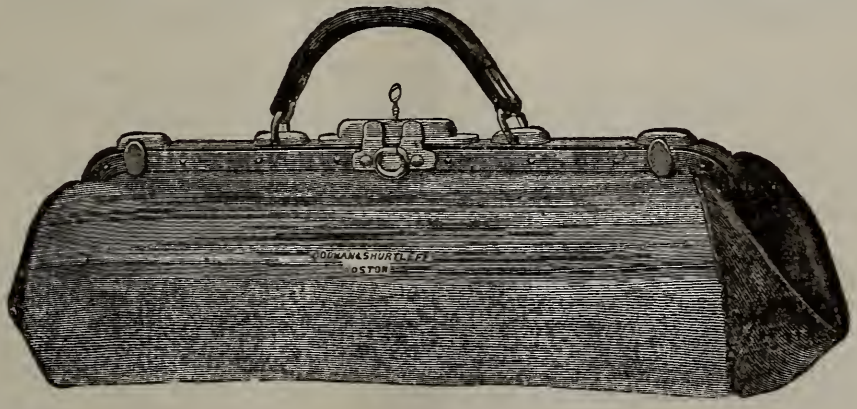


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**DOSE:**

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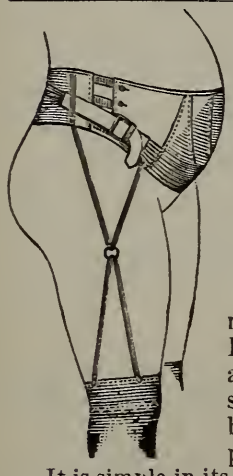

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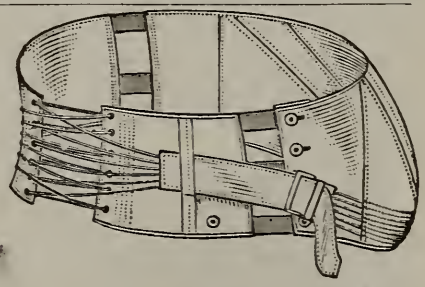

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**And when other foods are available, they can show that they can with their Liquid Food build up a patient in half the time usually required.**

[Boston Journal, Jan. 3, 1885.

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They have also assigned two wards in their Home for Infants, No. 30 Leverett street, as a Day Nursery, taking children from six months to two and a half years. All other day nurseries take children over eighteen months, preventing many poor and worthy women from being able to obtain employment, as they can find no one to care for their infants, even if able to pay for it, which those having children eighteen months old can do, as there is in every home some woman that is willing to care for a child eighteen months old for ten cents a day.

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A babe when born weighed one and three-quarter pounds, and so feeble that its life was despaired of, as it would not retain any food given until one drop of Liquid Food was given it in water at a feeding and improved so rapidly that milk was substituted for water in less than ten days, and when six months old weighed seven pounds and in as good health as any child could be.

Another child weighed three pounds at birth; with one drop in its milk in five weeks weighed seven pounds.

*From the New York Pharmaceutical Journal, Dec.* 24, 1884.

During a visit to Boston a month ago we devoted an hour to a call on Mr. A. L. Murdock, that we might satisfy ourselves more fully on some of the points we desired to know about the "Liquid Food" referred to in our pages on several occasions. We visited the establishment and saw much of the process, its preparation, and putting it in shape for distribution on its errand of mercy. Cleanliness was scrupulously observed in every step of the process; the method is in strict accordance with science and sound principles; and the product is in every respect what is claimed for it as a thoroughly representative nutritious food, of properties more healing and nourishing than others.

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each tablespoonful of which contains 2 1-2 grains chemically pure nascent Phenic Acid.

From medical works, journals, letters and statements of physicians we learn that brilliant successes have been obtained from this preparation in the treatment of zymotic diseases, as SCARLET FEVER, DIPHTHERIA, MEMBRANOUS and DIPHTHERITIC CROUP, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVER, SEPTICÆMIA, ERYSIPELAS, etc., etc. Physicians specially recommend it in MALARIA as an antiseptic in general to prevent contagion; hasten convalescence; check suppuration, and oppose the fermentative changes which cause an alteration of the normal proportion of red corpuscles of the blood. It can be given in alternate doses with our other compound preparations, when the full Phenic Acid effect is desired.

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each tablespoonful of which contains Sulphuretted Hydrogen and Ammonia Phenate combined, 2 5-6 grains.

The profession have found this combination specially serviceable in SCARLET FEVER, DIPHTHERIA, CROUP, TONSILLITIS. QUINSY SORE THROAT; chronic forms of RHEUMATISM, GOUT, ASTHMA, and CUTANEOUS AFFECTIONS, and all cases, in short, where sulphur is indicated. In CHRONIC NASAL CATARRH, in conjunction with the topical application of Glyco Phenique, it is universally remedial. In SMALL-POX it will abate the disease, prevent pitting, and so arrest the eruption in the vesicular stage that the results in of the supperative stage and secondary fever will be prevented.

This compound may be relied on in DYSPEPSIA.

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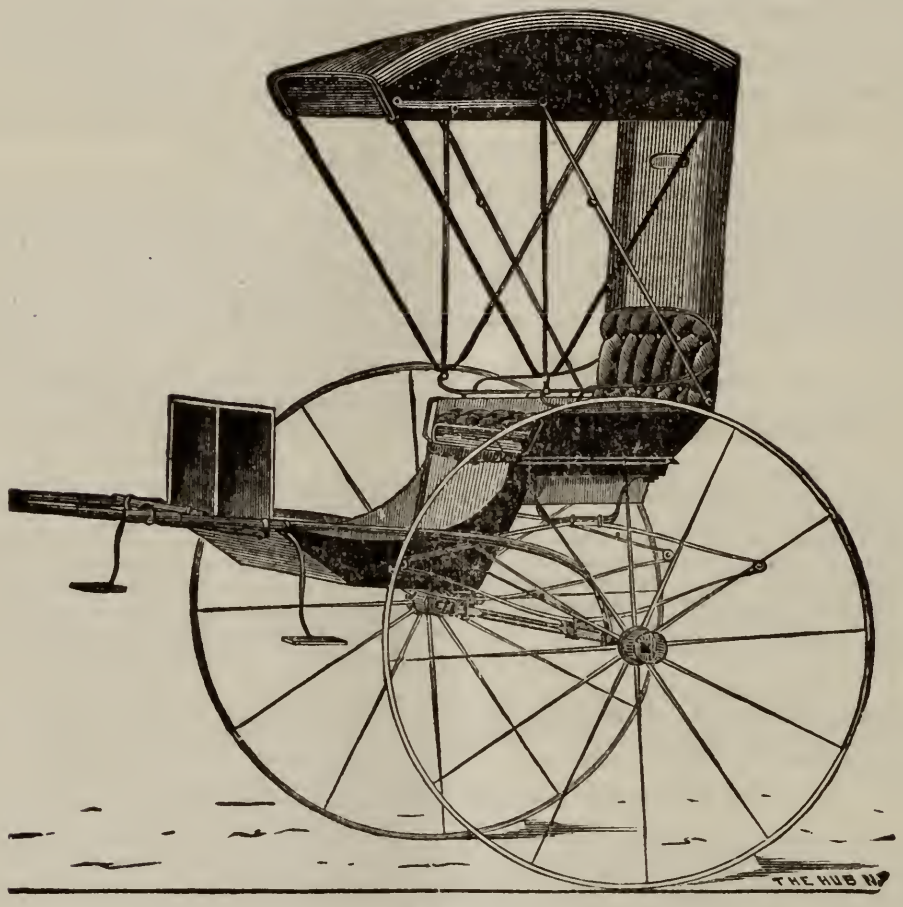


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It is also affirmed that the objections urged against the use of cereal foods in no way or degree apply to our preparation; that the consequences predicted as following such a diet for infants never occur where Ridge's Food is used So contrary, indeed, is the prediction to the results of experience, that an eminent firm of druggists in Chicago, who for many years have sold largely of our preparation, writes: "Its soothing and satisfying properties are so marked, as often to cause customers to inquire *if it does not contain some opiate!*"

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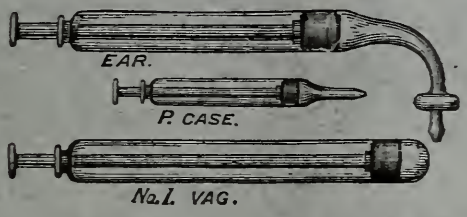


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EDITED AND PUBLISHED BY
—ROBERT A. REID, M. D.—
Fellow of the Mass. Eclectic Medical Society.

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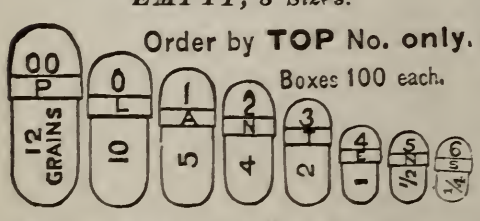


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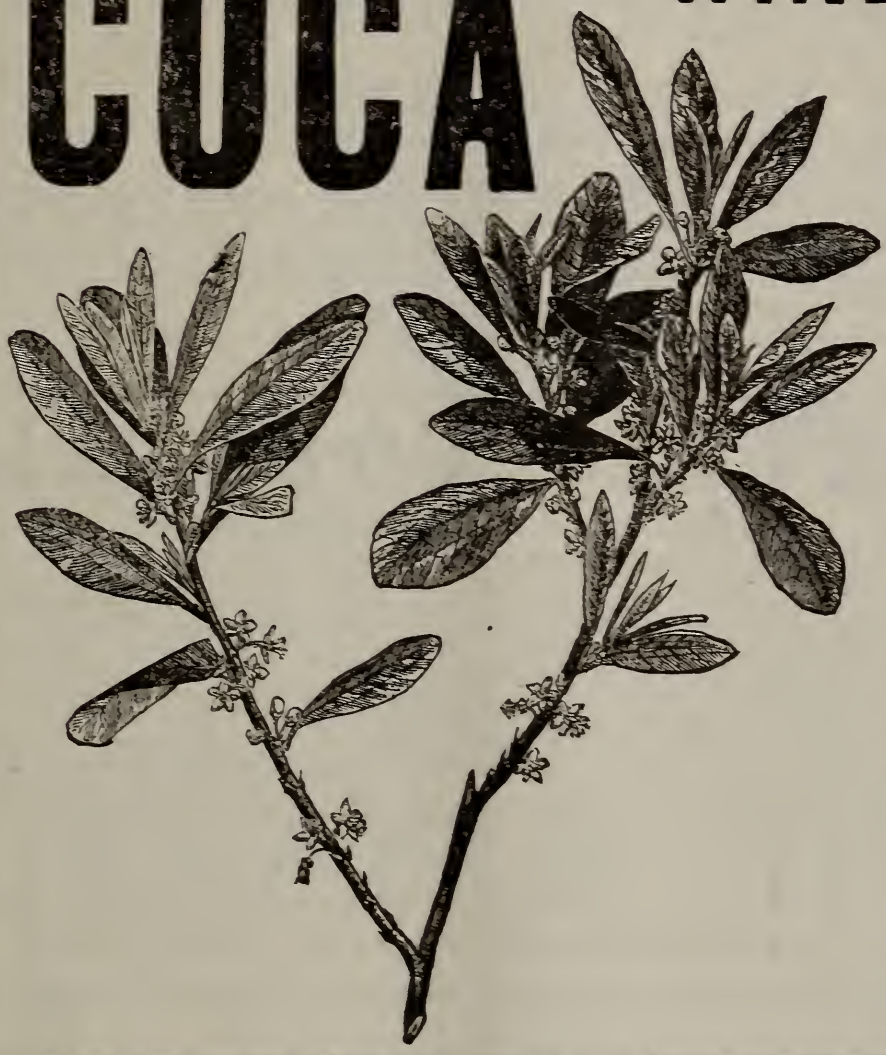

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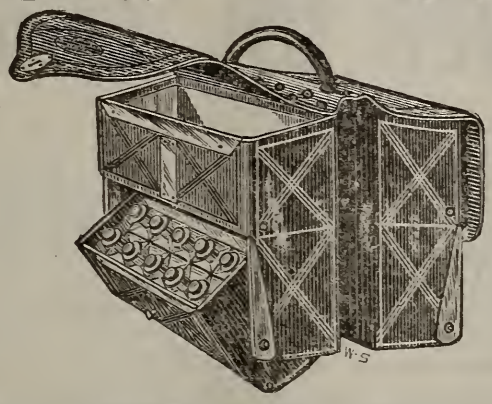

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, JUNE, 1885. No. 6.

## ORIGINAL COMMUNICATIONS.

### *THE VALUE OF PRESSURE IN OBSTETRICAL PRACTICE.*

BY DAVID WARK, M. D., MT. VERNON, N. Y.

IT has been truly said that there is no surgical instrument which has been the means of saving so many lives and alleviating so much human suffering as the obstetrical forceps; yet I am of the opinion that there are not a few cases in which forceps are used where more natural and safer means could be effectively adopted to expedite labor in lingering cases.

I think it is a self-evident truth that the fœtus should never be dragged through the maternal passages when it can be pushed through. Curiously enough pressure on the fundus uteri during labor is highly appreciated and constantly used at the present day, and has been from time immemorial among many nations who are utterly destitute of any scientific knowledge of midwifery; therefore I am not bringing forward any new mode of treatment, I simply desire to direct attention to the value of an obstetric resource which is much less generally known and used than it deserves to be. It is indicated in that large class of cases where the diameters of the maternal pelvis are a trifle less than usual, or the fœtal head being somewhat above the average size, the fit is too tight for the unaided uterus to carry the labor, in a reasonable time, to a successful termination.

When the following rules are observed the practice is absolutely devoid of danger both to the mother and child. Pressure should never be applied to the fundus uteri before the os has been fully dilated, and it should be used cautiously after the head has begun to distend the perineum, otherwise laceration of these tissues is apt to occur; but I frequently cause the child's head to traverse the distance between these two points with three or four pains in ten or fifteen minutes, when the unaided uterus would take several hours to do the same work or perhaps fail entirely while the mother's strength was being severely taxed.

The practitioner should previously ascertain that there is no barrier to the progress of labor that imperatively demands the use of the forceps or perhaps craniotomy. Flexion must also have taken place, the posterior fontanelle coinciding with the centre of the excavation.

A short time ago I attended a young mother in her second labor. She objected to the use of pressure, although it was indicated, until I convinced her that powerful pains continued for about two hours failed to appreciably advance labor after the first stage was over. I then drew her to the side of the bed, knelt on the carpet, placed my hand on the fundus uteri, my forehead on the back of my hand, and whenever a pain began I applied all my strength in making pressure on the fundus uteri in the direction of the axis of the superior strait, with the effect of causing the child's head to distend the perineum in less than ten minutes. A labor, which without such effective aid would have been very tedious, was thus rapidly and safely completed. When we consider that the dangers attending labor rapidly increase in a direct ratio with its duration, the value of such measures must be apparent.

Pressure is of special use to intensify feeble uterine contractions. It is an oxytocic which never escapes the practitioner's control and never goes beyond the line of safety.

The last case of labor but one I attended was that of a mother pregnant with her first child. Her pains were feeble throughout and ceased entirely when the os uteri was almost fully dilated. I completed the labor quickly and safely by pressure alone, entirely without uterine aid. As soon as the head was delivered

the uterus responded promptly to a full dose of ergot, and effective contraction was secured preventing undue hemorrhage. In breech cases when the head only remains in the vagina, it being then too low down to be quickly expelled by the most powerful uterine contractions and time is precious, properly directed pressure will rapidly complete the delivery.

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## *EARLY EDUCATION, MENTAL AND PHYSICAL.*

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

The real merit of early culture, both mental and physical, consists in the rightness of the end, and the prudence with which it is pursued. The province of education is not to create scholars, but rather to develop the faculties and capacity for the greatest usefulness. Agesilaos, the King of Sparta, being asked what things were most proper for children to learn, replied: "Those which they ought to carry into practice when they have grown up." It would be very fortunate for a commonwealth if this principle should be strictly regarded. The importance of correct and enlightened views upon this subject, cannot be valued too highly. If we are to change the words of the noble Spartan in any particular, it ought to be in extending their field over the entire nature, physical as well as moral. Virtue, beauty or excellence in an individual, as in an implement, consists in fitness for the ends of existence.

A child is better off unborn than untaught, but the end of all proper discipline is to develop and make perfect. Lycurgus, we are told, had two dogs from the same litter; one of which became a dainty and ravenous cur, and the other a quick-scented and active hound. Differences as broad as these are sometimes established between children of the same family by means of early training. The beginning of the work is therefore most important, because when the child is young and tender, the impressions are most easily made which it is desirable to fix permanently.

Education is essentially discipline to the end of bringing out into activity the powers of faculties which are innate but still dorment. The true method follows the course and analogy of nature. It begins long before the weaning of the infant. The

child is not to be thwarted in any legitimate aspiration, or crippled in the peculiar bent of mind, but should receive that very training which shall give to it its proper field of activity. The right curriculum will correspond with the order of the faculties and their period of development. It will provide duly for every form and variety of capacity. In the first stage it will be principally restricted to the faculty of observation; after that it will involve more or less of scientific discipline.

"Every thing relating to calculation and geometry," says Plato, meaning mental training and comparison, "and all the preparatory instruction which the young should receive before they learn the technic of logical reasoning, ought to be set before them while they are still children, and after such a method of teaching that they will learn without any sense of being compelled. A person ought to acquire no kind of learning while he is under the consciousness of bondage. The soul can tolerate no compulsory discipline. Do not force them to their learning; but train them up by amusements, and so you will be the better able to discern the bent of each one's genius. Afterward, those studies which they pursued promiscuously during their early life, should be brought before them in one view, in order that they may see the connection of the whole with each, and with the nature of the Absolutely True. This is the only kind of instruction which will abide permanently."

The oldest of our faculties, the first and last that appears in our term of existence on earth is the Imagination. It is an antenna of the Supreme Reason. Insight, understanding and will are co-ordinate with it. All the play of the child is suggested by this faculty, and is an endeavor to understand the drama of life. The soul is then reaching forth from its hidden abiding-place into the world of Time, and seeking to discern the nature of the earthly career upon which it has entered. All art, all our knowledge begins in us with the imagination. It takes shape there in order to be projected into the consciousness as actual fact. The effort to compress this faculty as into Chinese shoes and conventional swaddling-bands, is a crippling operation, if not murderous outright. The little child demands stories and exercises its wit about their curious particulars, trying to

embrace them in its consciousness as something which it is actually remembering. The poorest tale is rich to the little listener. The growing child craves a similar literature, and will eagerly fly to it from the austere lessons of the school-room. It is the attempt of nature to assert her own dominion. The child must speak, think and understand as a child.

Between the conceptions native in children and the treatment which they habitually receive, there ought to be no discordance. The sense of right is very keen in them, so far as they are themselves concerned; they are quick to detect injustice and prompt to resent it. The sentiment of justice to others belongs to a later period, and the endeavor to develop it prematurely is like hurrying the immature bud to its blossoming. They should be taught to be truthful and sincere; but any forcing process is unnatural, and generally blights the very qualities and dispositions which it was intended to establish as settled rules of action. Dickens has forcibly illustrated this in the exasperation of the Jellaby children at being required to make contributions for foreign missions, when they had no perception of duty or utility in the case. Indeed, much reproof, especially before others, is not proper or often beneficial, and indicates a low moral sense in the person bestowing it. "The best way to train the young," says Plato, "is to train yourself at the same time; not to be continually admonishing them, but always carrying out your own principles into practice."

Our modern school-methods, many of them, are most deplorable. Their chief characteristic seems to be a cramming process which is really the learning of nothing entitled to consideration. The branches of science which are prescribed in the curriculum, will compare very aptly with a certain assortment of dishes at a repast, of which each must eat precisely so much, under all conditions. They are often too many at a time, as well as unsuitable for certain of the pupils. That which is committed to memory under such circumstances is seldom of much utility. It is not received into the thought and so implanted in the understanding and assimilated. More commonly the pupil forgets it outright, as we naturally drop whatever is disagreeable out of our conscious memory. It is generally fortunate to do this. Under the

teaching processes now in vogue a mental dyspepsia is very liable to occur, which, like a bodily indigestion, ought to be earnestly shunned. Each is pernicious and opens the way for what is worse. The best way to avoid these unwholesome influences is, at the present time, a most pertinent question.

It has become fashionable of later years to give the name of *brain-culture* to methods of instruction. Except as a figure of speech, this is a misnomer. It involves the absurdity of considering the brain as being essentially the mind, as some imagine the bodily structure to be the individual. One may about as well speak of a farm as the farmer, of the saddle as the rider, or of the vehicle as the propelling energy. Certainly we have no warrant for speaking of the teaching of children as being in any important respect the culture of the brain, so long as the instruction relates to objects and their arrangement. The observing and physical powers are trained, while the understanding is little employed. The modern methods appear therefore to be radically at fault, by reason of this subordinating of the nobler to the lower faculties, and so making the brain with its lofty functions a minister to the sensuous and corporeal nature. What is usually called practical life is a species of tread-mill. The cent is valued more highly than a sentiment; as though the fruit-tree which is thrifty in the growth of bud should be esteemed more than one full of blossoms and promising a harvest. It is a vivid illustration of this disarranging of true order that pecuniary wealth and the sensuous delights which it affords are so generally regarded as the chief aim and good of life, and that every nobler end is held by the many in low esteem. Mental habits are also shaped artificially after a manner analogous to that of the Aztec or Flat-head Indian establishing the shape of his children's skulls.

It is not the brain, however, with its auxiliaries, constituting the cerebro-spinal system, that altogether affords to the mental faculties their support and enables them to act. That organism is itself, every moment of time, dependent upon the blood for its vitalization, and flags upon the instant, when the supply is withheld or obstructed. Every little mass of nervous matter that is included in the brain and its associate ganglia, is arranged in clusters around the arterial extremities and branchlets, thus

receiving by their agency its nourishment and energy from the blood and the nerve-aura which the blood imparts. The arteries themselves were originally produced and are constantly sustained from that other great nervous system that has its beginning and centre at the phrenic and epigastric region of the body. Whatever task or functional action the brain may execute is accompanied by an immediate draft upon this primitive nervous system for the requisite moral as well as vital energy; and whenever fatigue or any lesion affects the encephalic organism, this all-pervading tissue is required to sustain the loss and injury, and to repair them. In any excitement, therefore, the blood flows more readily to the head, and any diversion of the current arrests or paralyzes brain-action. With this arrest, the mental operations cease to become manifest, as the artist without brush, pencil or pallet, has no means to exhibit his skill. The origin and focal point of the ganglionic system being in the intestinal structure, the health and vigor of that structure are essential to the maintenance of all cerebral activity.

Mental and Physical Culture are therefore directly dependent upon the condition of the vital and nutritive organs. Henry Ward Beecher declares with much good reason that an individual with a dyspeptic stomach cannot be a good Christian. It is very certain that he will generally fail to be a clear thinker or a proficient scholar. The difficulties which they encounter and surmount who attains such excellence, are forcible illustrations. A stomach laboring with food which it cannot properly dissolve, will hardly be able to derive energy by its means to sustain the brain in the process of evolving the nicer, profounder and more elaborate subtilties. The cause of the trouble may be that the stomach had been debilitated from undue moral excitement or previous fatigue, or that the food was innutritious, unwholesome, or in excess. The event will be a starving all the same. The energy which should be acquired in the digestion is wasted to a great degree in disposing of the mischievous burden, and the allotment for other uses of the body is accordingly insufficient. A starved brain will not work properly. When the body, or any part of it is fatigued or exhausted, from whatever cause, the stomach participates in the debility, and the brain is in consequence likewise weary and enfeebled.

Upon this subject educators as well as hygienists ought to lay great stress. Fatigue is the worm that gnaws at the core, vitiating every part of the organism, deteriorating the health, and finally imperilling and destroying the life itself. We do not contract disease except when our physical integrity has been impaired, whether from a physical, moral or mental cause. The integrity of the body is its health, its intact wholeness. Fatigue is a result of muscular or mental exertion, and often of emotional shock, or it is exhaustion from over-heating, exposure to cold, privation or other malific influence. The stomach suffers alike from actual inanition and from food which it cannot properly digest; and the brain is impaired in turn, both from overwork and from failure, through the impotency of the stomach, to receive a normal supply of vital energy.

Much as it has been fashionable to decry physical vigor as inferior to mental excellence, sound body and a high condition of health are essential to the greatest achievement. The bishops Ambrose, Augustin and Athanasius were among the most influential of all the Fathers of the Christian Church, in impressing their individuality and their peculiar tenets upon their associates and those who came after them. The doctrines of the Trinity, total depravity and ecclesiastic supremacy became the received doctrines of the Catholic Church through their stalwart championship. We must in truth ascribe much of their influence to their high health and superior vigor of body. It was so likewise with the Philosophers. They cultivated physical strength and enjoined it upon their disciples. Pythagoras was expert in boxing, Plato was a successful wrestler, Sokrates was unequalled for his ability to endure cold and privation, and Kleanthes, the author of the sublime *Hymn*, was also distinguished for his proficiency in athletic exercises. He worked as a common laborer by night in order to be able to attend the lectures of Zeno in the daytime. His robust strength, without doubt, served in a very considerable degree, to bring about the ascendency which the Stoic Philosophy gained over the more spiritual Academics.

The men who led the American Revolution from its inception till the establishment of the new nation, were generally strong in body as well as keen in understanding, and the brawn of the

Continental Army was produced and hardened for use in the ploughed fields and rural forests of New England, the Middle States, Virginia and the South. Upon the physical health of the people depends the permanency of American freedom and the future of the Republic.

The indigestion of the first Napoleon, and the gout of Charles V. of Germany, each in its turn changed the course of events in the European world. The great deeds of the world can be more easily done by illiterate men than by sickly ones, we may rest assured. Noble enterprises often perish for lack of physical vigor to carry them out.

Yet, right here, we should be very tenacious of not exaggerating the value of bodily perfection at the depreciation of another and more essentially vital of our endowments. We do ill to go so far beyond the sense of Shylock's reasoning :—

"You take my life
When you do take the means whereby I live"

We forget our essential selfhood, that which is the subjective personality, when we neglect to consider that of which it consists, the will. The education, the training, the culture, is faulty and pernicious, which does not maintain the will in its integrity, unimpaired. The energy to do, to overcome obstacles, to accomplish successfully is of it and from it. The health of the body, the ability to live and master unwholesome and even deadly influences, and to achieve true fitness and virtue, are its manifestations. Many individuals recover from dangerous maladies by virtue of their energy of will. Many more abide in permanent health from the same omnific cause. We have heard talk of breaking the will of a child as preliminary to his proper discipline; to break the will is to unman, to dehumanize. It may answer for wild beasts, but it is the transforming of human beings into short-lived weaklings, imbecile, unable to decide for themselves, void of moral quality, and facile for slavery. "It is the right and healthy state of every man," says Ralph Waldo Emerson, "when he is free to do that which is constitutional for him to do."

The discourse of Plutarch, upon the *Training of Children*, is as seasonable now as when it was originally prepared. He is

philosophical and shows it by never hesitating to talk common sense. He always speaks and writes on the human side of his subject, and we therefore understand him better. He begins his subject with the pre-natal period of life. The children of an unworthy father or mother, he declares, are blemished at their birth and liable to be pursued as long as they live, with the opprobrium of the early history. To be well born gives a man a good stock of confidence. Thus Diophantos, the young son of the great Themistokles, used to boast humorously that the people of Athens esteemed everything that pleased him. "What I like," said he, "my mother likes; what she likes, my father likes; and what he likes, all the Athenians like."

There is a tendency in Nature which operates to free our constitutions from the effects of our follies and vices, but only with partial success. The virtuous influences are transmitted by parentage to remote thousands, we are assured; nevertheless, the iniquitous propensities are certain also to continue to the third and fourth generation. Much of the insane diathesis, perverted faculty, deficient understanding, imperfect physical sense, stunted or repulsive form of body, and vitious predisposition which we observe in human beings, may very properly be set down as an inheritance from a drunken ancestry.

Diogenes, the Cynic, once reproached a crack-brained and half-witted stripling: "Surely, young man, thy father was very drunk when thy existence began."

It is certain that the conditions attending the commencement of physical life are essentials of culture. To be weak is to be miserable; yet the best beginning will not suffice, except the discipline is also good. The richest mold will be unproductive if it is not properly treated, while a poorer soil will be prolific and bring its fruit to maturity, if labor is hastened upon it judiciously. A person of strong body will grow weak and distempered by indolence, delicate usage and vitious habits; yet where is the man of a natural conformation ever so faulty, who cannot render himself far more robust and vigorous, if he will only give himself to exercises of activity and strength? So true is this that many of our longer-living individuals began with a physical constitution apparently frail and easily overcome; never-

theless, the drawback always exists with them, that they are carrying a heavy weight through their whole term of life, which checks their endeavor on every hand, and generally compels them to take a secondary place in the enterprises of the world. Human life ought on the average to exceed a century of years, as these examples show; and hence our common maximum of three score and ten, and average of half that period, exhibits our deterioration and ignorance of the better way.

Nature has alloted to the child its lawful place of sustenance at the breast of its own mother. It should be fed all through infancy from the same source whence it derived its earlier nutrition. The physical, moral and emotional conditions of a woman permeate and enliven her milk as well as her blood. Childhood is a tender thing, and easily wrought into any shape. Plutarch asks accordingly: "If habit is a second birth, as another great man declares, whose child is that which has been fed for months from the milk and life of a stranger?" Dido also taunts Æneas for his obduracy: "Hyrcanian tigers gave thee suck."

Education, likewise, has begun at this period. We generally find that the coarse and incorrect speech, the evil manners, the foolish and corrupt notions, by which so many are tainted, were acquired in the most tender season of life. They are often communicated by the unworthy associates that parents employ, or permit to be with their children.

[TO BE CONTINUED.]

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## *GONORRHŒA IN THE FEMALE.*

BY ROBERT A. REID, M. D., BOSTON, MASS.

Gonorrhœa as met with in the female is a topic of much interest from every point of view, and one that in my judgment does not usually receive from authors that attention which the importance of the subject demands.

Gonorrhœa is supposed to be due to a specific contagion conveyed during sexual intercourse, (this is ignoring the cases of water-closet (?) contagion) but in the female it is often simply impossible to decide between simple acute inflammation of the vagina and that due to gonorrhœal infection.

Indeed I must avow that I know of no means of distinguishing with any certainty between the two. Nor is it a matter of much importance to distinguish between them, since the treatment is identical, and without doubt aggravated cases of simple vaginitis, or leucorrhœa, as they are often called, may excite gonorrhœa—to all intents and purposes—in the male.

The general impression seems to be that gonorrhœa in women is of frequent occurrence, the disease being so extremely common in men, but this is not so. Women give many more gonorrhœas than they get in return, and the reason of this is at once evident. The vagina is constantly lubricated by a thick tenacious mucus that serves to a greater or less extent to protect its mucous membrane. On account of its anatomical conformation cleanliness is readily instituted; and being less sensitive than the urethra of the male, it is not so susceptible to morbid impressions. Another reason is, that those chronic discharges so prolific a cause of this disease, are far less frequent in man than in women. The causes of female blenorrhagia are various, among which may be enumerated direct contagion, excessive venery, violence in the sexual act, the influence of cold, foreign bodies such as pessaries, onanism, etc., etc. But from whatever cause it may originate the symptoms characterizing its presence, and the course it pursues differ in no essential particular. It may have its seat in the vulva, in the vagina, in the urethra or uterus, and indeed may extend to the ovaries through the fallopian tubes and even involve the peritoneum, although such cases as the last, I scarcely need remark, are extremely rare.

The inflammation is seldom confined exclusively to the vulva, although its primary seat may be there, the morbid action having a lively tendency to extend its influence, and the urethra and vagina as a general thing soon become involved. The patient's attention is usually first attracted to the genital organs by an unusual desire for sexual intercourse, pruritis, and then heat, tumefaction, and redness. If the vulva be examined, there will be noted an exaggeration in the usual secretion of the labia, the nymphæ are extremely sensitive, somewhat swollen and intolerant of manipulation. The tumefaction increases, as does the pain, heat, and redness; and the discharge, which was

mucous and slightly increased in quantity, now becomes profuse, muco-purulent, and of a greenish-yellow color. The ducts of the vulvo-vaginal glands, and even their parenchyma, occasionally become implicated, and when this is the case, if they be sought for with the finger, they may be felt within the labia, and on the border of the posterior commissure, greatly increased in volume and excessively painful upon pressure. Their involvement is an extremely painful complication, rendering the patient unable to sit or walk without much inconvenience, and frequently resulting in suppuration and the formation of an abscess, that may either discharge near the natural ducts of the gland or on the integumental surface of the labium of the affected side. If the vulvitis be permitted to continue its course uninterrupted, there, in all probability, will be an extension of the inflammation to the urethra, which, although not unfrequently the seat of blenorrhagia, is rarely affected primarily, its implication being most generally consequent upon vulvitis or vaginitis. If this should occur, the symptoms are titillation, pain, and heat in the part, and severe scalding upon micturition. If the cervix vesicæ be implicated, micturition will be still more frequent and painful, and the urine probably be slightly tinged with blood. On account of excessive sensitiveness, coitus is impossible and the slightest pressure give rise to severe pain. The inflammation runs much the same course as in man, and may either terminate in resolution or pass into a chronic stage.

*Vaginitis*, however, is by far the most common form of gonorrhœa in women. The inflammation is generally superficial, although it may occupy the follicles, the entire thickness of the mucous membrane and the sub-mucous cellular tissue. It may be confined to circumscribed spots, or engage the whole of the vaginal mucous surface; and when this is the case, the discharge is abundant, contains true pus, and the walls of the vagina are sometimes covered with florid granulations and eroded to a greater or less extent. An animalcule has been found in the pus of vaginitis, upon the presence of which the disease was supposed to depend, but there is but little evidence to support this view. Gonorrhœal vaginitis not uncommonly extends to the uterus. The cervix alone may be involved, or, as in some rare

cases, the body of the womb and the fallopian tubes. I am ignorant of any means of distinguishing ordinary uterine catarrh from uterine blennorrhagia. Probably many more cases of uterine catarrh depend upon gonorrhœal infection than we suspect.

By means of the speculum, little difficulty is encountered in making a diagnosis of blennorrhagia affecting any part of the female genital organs. We are indebted to M. Recamier for the re-introduction of this valuable instrument to the notice of the profession, but more especially are our thanks due to M. Ricord for its application to the investigation of venereal disease. In the acute stage of gonorrhœa, the genital organs are so sensitive, that it is not proper to resort to the speculum until the parts are somewhat tolerant of interference. There are various forms of specula, most of which answer a very good purpose. For general use there is none better than the ordinary Cusco-bivalve, though there is an endless variety of these instruments many of which are most ingenious. We have in the speculum an invaluable aid, for by it we are not only enabled to obtain an accurate knowledge of the condition of the vagina and uterus, but also to apply our remedial agents directly to the seat of disease with a facility that could be secured by no other means. The instrument should not be introduced during the acute stage of the inflammation, as we would thereby cause much suffering and aggravate the morbid action.

The treatment of the different forms of female gonorrhœa in the acute stage varies but little, and in the female as in the male, we disregard the specific nature of the disease and treat our patient upon general principles. The patient is kept at rest in the recumbent posture and restricted in her diet. The heart's action should be modified by those agents that exercise a control over it; the alimentary canal should be unloaded by some gentle cathartic, eschewing such agents as aloes that promote the flow of blood to the pelvic viscera, and cooling lotions may be applied to the genital organs.

If it is true that, as the old adage has it, "cleanliness is next to godliness," it is never more so than in these cases, and as gon-

orrhœal patients, as a rule, have no excessive amount of the latter, it is well to see that they receive all the advantages of the former, and for this purpose and at the same time as a soothing application, I know of nothing quite as good as an infusion of tobacco,—a half to one drachm of the unmanufactured leaf to the pint of boiling water,—allowed to flow into the vagina a few times a day. This is to be used, however, with some caution, for if the vaginal orifice be very narrow some infusion may be retained and being absorbed produce nausea and vomiting.

If the sensitiveness of the organs do not preclude it, the inflamed labia may be kept apart, by means of a soft linen rag soaked in some emollient lotion. If the patient suffers severe pain making her restless and depriving her of rest, a full anodyne may be administered. When the inflammation begins to subside and assumes a subacute or chronic type, astringent injections come into good play. If any advantage is to be derived from them they must be properly administered, therefore patients should receive full instructions as to the manner of using them. The ordinary glass or rubber syringe sold in shops for this purpose is utterly useless, and should never be employed. The vaginal douche apparatus made by Codman & Shurtleff of this city, and furnished at a low price, is a capital thing, either in these cases or whenever injections are indicated. Its use overcomes the inconvenience usually attending the taking of injections, rendering it a comparatively simple matter, and the instructions of the physician concerning them are therefore far more likely to be faithfully observed. The strength of the solution that is injected into the vagina should be greater than for the male urethra, although the same agents may be employed. In administering the injection, the woman should assume the recumbent posture, the pelvis being somewhat elevated, and she may either use the syringe herself or confide that office to an assistant, the latter perhaps being preferable. Previous to using the medicated lotion, the vagina should be thoroughly cleaned of all discharge by an injection of pure water, either cold or tepid as may be preferred, and thrown up in the quantity of one to two pints or even more, in order that there

may be no interference with the action of the astringents upon the mucous membrane. I do not know that preference can be claimed for any particular article, there being quite a number that answer a very good purpose. Some prefer simple cider vinegar, others alum, while nitrate of silver, sulphate of zinc, tannic acid, subacetate of lead, etc., each has its advocates; I am rather fond of using fluid extract of hydrastis, and believe that, as a rule, nothing will give better, if equally good, results. When a vaginitis has become chronic, a solution of iodine f. ʒ j., iodide of potassium ʒ ij. and glycerine f. ʒ i. to be well applied to the surface whence the discharge proceeds is highly recommended, and it is a most excellent combination, well worth remembrance. Whatever we may select as the ingredients of the injection, it is of paramount importance that the solution be of the proper strength, that the amount injected be sufficient and administered in an effectual manner. As a general rule, alum, sulphate of zinc, tannin, acetate of zinc, and subacetate of lead, may be used in the strength of from one to three drachms to the pint of water, though it will be readily understood that the strength of the solution should in great measure be governed by the sensibility of the parts, the grade of inflammation, and the effect produced.

When gonorrhœa is confined to the vulva the treatment is the same. If abscess form in the glands of Bartholine, it is opened by an incision, and if discharge prove obstinate, resort may be had to the solid nitrate of silver. In urethritis the urine should be rendered less irritating by giving alkalies, etc. The treatment of uterine gonorrhœa is conducted on the same principles that govern in the treatment of the affection when occurring in the vulva or vagina; and in this form, as in the others, we not only resort to local medication; but also by attention to the hygienic relations of our patient and the improvement of her general condition, endeavor to dissipate the disease. Involvement of the fallopian tubes and of the ovaries is of such rare occurrence that it need not engage our attention here.

## SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

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## *NORTHWESTERN MEDICAL AND SURGICAL SOCIETY.*

### LEAD-POISONING.

Dr. R. C. M. Page read a paper on the above subject, the discussion on which was as follows:

Dr. Flint: In a meeting of this kind it is more pleasant for me to listen to others than to occupy time by my own speaking, but I will with pleasure make a few remarks on the paper. In the first place, as to the name: it seems to me to be a misnomer to call it colic at all, as the colon is not specially involved. It has nothing to do with a spasmodic affection. I consider that it is a neuralgic affection. One curious fact in connection with it is the different way in which it manifests itself in different persons as regards their susceptibility. Out of any given number of persons who are exposed to it, a certain number only are affected by it. I cannot explain this, and do not know that any one has ever been able to do so. Another curious fact in connection with it is its limitation to the extensor muscles. I do not know that that has ever been satisfactorily explained. In many cases the flexors remained unaffected. I think Dr. Page will recollect a hospital case, many years ago, which well illustrated that fact. It was before the elevators had been introduced, and as it was necessary to take the patients from the lower wards up to the amphitheatre, it was sometimes a puzzle as to the manner in which we could do this. I had a patient who had the drop-wrist to a remarkable degree, and he had no power over the extensors. We wanted to take another patient up-stairs, and we took this patient, who was a very muscular man, and raised his hands and gave him a good grasp, which was necessary. Having done this, he took hold of the patient and carried him up three or four flights of stairs easily enough. That case illustrated to a remarkable degree, I think, the fact that the paralysis was limited to the extensors, and that the flexors were exempt. We find sometimes the same paralytic effect on the toes, as connected with their extensor muscles. I can hardly agree with the writer of this paper as to the importance of the diagnosis of the blue line. I cannot cite statistics, but I am accustomed to find it more often than in the data which he has mentioned. It seems to me that in a large number of cases we can distinguish the blue line readily from the discoloration mentioned, and it is often a

very useful point in diagnosis. I have been led to think that we neglect the examination of the urine too much. I was led to think so by a case which I saw several years ago with the late Dr. Stoner of this city. It was a case in a child, seven years of age, who had complete paralysis of the flexor muscles of the forearm. I told Dr. Stoner that it was a case of lead-poisoning. He said: "It looks like it, it is true, but it cannot be, for the reason that it is impossible. This child has not been exposed to the causes which produce lead-poisoning. There is no possibility of the child having been exposed to lead." The child at that time did not show the blue line. It occurred to me to have the urine examined. We did so, and sent a specimen of it to Dr. Doremus, and the examination showed conclusively the presence of lead. My impression is that it is now a common practice to examine the urine. It is not a difficult one, surely. The question that arose after we had found out this much was, How did this lead get into the child? After a great deal of inquiry the facts in the case seemed to be these: The child had been accustomed to play with leaden soldiers, and it was recollected that he was accustomed to have them in his mouth. With respect to treatment, I am very glad to be able to concur with the writer of this paper. It seems to be a fact that the treatment formerly consisted of the stereotyped drastic remedies. The writers of some years ago followed a course of treatment that consisted in the administration of cathartics. The French writers on the practice of medicine seem to observe that method of treatment. I think it is also followed by the English practitioners more than by us. I cannot think that it is a rational method. It is injurious to a greater or less extent. I believe the plan that has been indicated in the paper is to relieve the pain by opium, and pay no attention to the bowels, except so far as the moral effect is concerned, or to obviate too prolonged a siege of constipation, and then to eliminate the lead from the system by the iodide of potassium. I cannot, however, but be somewhat skeptical as to its efficiency. I have given it in a great many cases without any good effect apparently, and have been ready to think sometimes that we overestimated its value. In a large number of cases where the iodide of potassium has not been used, they have ended about as well as if it had been used. I simply throw out that idea, however, and do not give it as an opinion.

Dr. Little: In what way is the lead rendered volatile by turpentine? I believe that Dr. Page in his paper said that the use of so much turpentine rendered the paint volatile, and consequently led to its inhalation by the painter. I did not know

that any of the paint that was commonly used was volatile enough to be thrown off with the turpentine and inhaled by the patient. It has often occurred to me that lead-poisoning is produced by the use of lead as an astringent. I have never yet seen a case, however, in which lead-poisoning was produced by the use of lead in this connection. Maybe its use, however, is not continued long enough. I have never seen any bad effects from the use of the iodide of potassium.

Dr. Blumenthal: I think Dr. Page has pretty thoroughly covered the whole field. The recognized treatment certainly is that which he has just outlined. It consists, in the first instance, in the relief of pain by an opiate treatment in conjunction or not, as the case may seem to demand, with croton oil, and after that the elimination of the lead from the system by the iodide of potassium. If I am not very much mistaken there often remains a good deal of atrophy after all traces of lead have been eliminated from the system. I have often got a great deal of encouragement by the use of nux vomica and strychnine while using electricity. The tonic treatment that has been pointed out is certainly one in which we all agree. There is a vast amount of difference in the systems that absorb the poisons—that is, some will absorb more poison than others before they present symptoms—and consequently there must be a great deal of difference in the treatment that may be necessary to produce relief. The most probable reason, to my mind, why the right hand is affected oftener than the left is that it is used more by the workman than the other. His right hand is very frequently covered by the paint, and consequently there is more opportunity given for the absorption of the lead than in the case of the left hand. Before the patient feels the effect on his system his limb is likely to be affected. Of course where he is left-handed the reverse would be the case. The point which Dr. Flint raised is a very important one, and that is that we are too likely to look after other symptoms and not pay enough attention to the urine.

Dr. Baruch: I have used very frequently an application of white paint to burns, just as the painters do, quite as thick as I could use it—just thick enough so that I could handle it properly. I employ it in connection with about two per cent. of carbolic acid. I have used this in connection with dilute sulphuric acid lemonade, and I would like to have the question settled here whether there is any necessity of giving a patient this sulphuric acid lemonade while he is being treated with applications of white paint.

Dr. Wood: One idea has struck me in Dr. Baruch's address, and that is whether we do not run a great risk, when we use

white paint for several days over a large surface, of producing lead-poisoning; and yet I must say that I have never come across such a case. I have, however seen the symptoms of lead-poisoning from the use of lead internally. I once saw a case that was called chronic diarrhœa in one of our soldiers of the late war. He had been taking the acetate of lead, and when he came North he continued it for some time; how long I am not able to say. When he returned he had symptoms of lead-poisoning. I believe it is generally conceded that the drastic purgative treatment of this disease is not carried out to the extent that is recommended in foreign works. There is no question but what the soothing opium treatment conduces more to the recovery and convalescence of the patient than a cathartic treatment.

Dr. Dessau: I was quite surprised to hear the writer of the paper speak so dispairingly of the treatment which consisted of the use of alum and sulphate of magnesia. I have used hypodermic injections of morphine to relieve pain also, but the constipation was relieved by the use of sulphate of magnesia and alum, and it was used in very large doses. I used about a drachm of the sulphate of magnesia every three hours. Soon afterward the bowels were relieved. After this the patient is put upon the iodide of potassium treatment, but the constipation in my case was certainly relieved by the use of alum and the sulphate of magnesia, because no other treatment was resorted to. This particular patient had been constipated for a week.

Dr. Fuller: I cannot say anything with regard to the treatment of the case, but the other day I had the opportunity of observing the disease in children of very tender years. The author of the paper did not mention particularly the occurrence of the affection in children, but only spoke of adults. The cases I saw were the youngest I had ever taken notice of—they were only three or four years of age; they were undoubted cases of lead-poisoning. The history of each case could be traced exactly: Their father was a painter, and the closet in his house contained paint; they contracted the disease from this. They had a great many forms of treatment applied to them without any appreciable results. They were affected both in the upper and lower extremities.

Dr. Leonard: I saw an unusual case while in the Adirondacks, which was diagnosed as lead-poisoning. After the case had existed for some months it was cured by the use of the iodide of potassium treatment. The patient was a hunter who had tried to stop chewing tobacco, and to accomplish this he had put a bullet into his mouth, and the disease was attributed to this cause.

Dr. Little: I would like to ask concerning the use of sulphuric acid as a prophylactic. Dr. Baruch has said that it should be used as a lemonade. I have not had any experience, but I have noticed that it has been recommended by the authorities.

Dr. Flint: There has been one topic which has not been referred to, and that is the relation of lead-poisoning to gout. It has been asserted that gout has followed where lead has been introduced into the system. I would like to ask those present if they have ever known of a case where they could attribute gout to lead-poisoning.

Dr. Chamberlain: Something has been said about hair-washes as productive of lead-poisoning. I recollect a case twenty-five years ago where the disease was produced by this influence. I think it was published in Wood's *New Remedies*. All of the preparations mentioned contained lead, and evidence was brought forth to show that lead-poisoning was produced by the use of these preparations.

Dr. Fruitnight: It has been emphatically stated that other muscles besides the extensors are affected. Last summer a patient presented himself at my office. He worked in Western Pennsylvania. I asked him to strip himself, and on removing his clothing I observed that the muscles of the upper extremities were all more or less atrophied. He had to be assisted in taking off his clothing. He had worked a year in the establishment in which he was at that time employed. I endeavored to find out every possible cause for his condition, but was forced to the conclusion that lead was the cause. I questioned him with regard to other men working in the same establishment, and he told me that a great many of them had suffered from the drop-wrist. Another patient was a printer who had been a very adept workman, but at last he became unable to fulfil his duties any longer as readily as he could before. His muscles became weak, and he had pains and was beginning to waste away. I saw him about two months afterward and noticed that there was no reaction to the electric current either faradic or galvanic. I kept him under the usual remedies for about six months without any effect.

Dr. Page, in closing said: I have very few remarks to make. In regard to Dr. Flint's cases, where the iodide of potassium failed, it is very likely that the patients did not take it regularly and continued to be exposed to the infection of the poison. In that case they were hardly fair tests. With respect to the blue line, I have nothing more to add. With regard to the remarks of Dr. Little on the volatilizing of the paints by turpentine, I

would say that I do not know that such is the case, but believe it to be so. With regard to Dr. Blumenthal's remarks concerning nux vomica, I would say that of course it may be given. I thought that I had included it in my remarks on the general treatment. With regard to the remarks of Drs. Baruch and Wood about painting burns with paint, I do not think that any burn will last long enough to cause the patient to be poisoned with applications of lead, but if it does, I do not think the sulphuric acid will prevent it. I have known painters to take it regularly three times a day and yet be the worst poisoned men of the lot. In reply to Dr. Dessau, I believe that the morphine cured the patient.. My point in regard to Epsom salts and alum was that the theory of sulphuric acid acting on the lead in the system is of no value. Concerning Dr. Fuller's remarks about children, I must say that I never came in contact with children that had lead-poisoning, but that all my cases were adults. Drs. Chamberlain and Harwood spoke of hair-washes as a cause of lead-poisoning. I would say that they are said to be a frequent source of lead-poisoning with ladies. There is no way to stop it that I know of except for the ladies not to use them. You cannot make people stop manufacturing them. Consequently if ladies will use cosmetic slops and greases they must expect to suffer the consequences. With regard to what Dr. Fruitnight has said about the flexors, there is no doubt in my mind but what the flexors become affected in time. The reason I think why it does not become more marked in the flexors is because the patient stops work in time. He is not exposed to the poison any longer and is undergoing treatment. I know of no case of gout traceable to lead-poisoning.

Dr. Wylie read a paper on "Vomiting in Pregnancy," the discussion on which was as follows:

Dr. Baruch had seen one death in consultation, resulting from vomiting in pregnancy. He had, however, seen death imminent in three different cases of pregnancy, in which he had been forced to produce abortion. He had noticed at that time, after introducing a bougie into the uterus overnight, and allowing the remainder to coil up in the vagina, that there was no vomiting. On such occasions there would be no vomiting, and labor would not come on for two or three days. Two or three hours after the bougie was introduced the vomiting would cease. He attributed this to the fact that the connection between the fœtus and the uterus was disturbed. This dilatation of the cervix was a dangerous precedent, and should be resorted to only in desperate cases. He had used it in one case successfully. When producing abortion he would first dilate the cervix before

going on. The pathology was not at all clear. He had two cases of sterility. In both he had succeeded in curing the sterility by dilatation. In one of these cases he had a very bad case of vomiting, in fact as bad as he had ever seen not to be dangerous.

Dr. Powell would like to add one case in support of Dr. Wylie's view. It happened three or four years ago. He met Dr. Wylie on the street, and told him that he had been called in to see a woman suffering from vomiting, and gave the history of this case. It was the fourth pregnancy, and she had never reached full term, and premature labor had to be brought on every time to save her life. At Dr. Wylie's suggestion the cervix was dilated at once. Dr. Powell went by no especial rule, simply dilating it until the woman said it pained her a little. His finger passed in for about half an inch. The result was marvellous. She went to sleep within half an hour afterward, and never had the least trouble with her stomach. She has been pregnant and delivered at full term a second time since.

Dr. Fruitnight said that his brother, the late Dr. William Fruitnight, had a case in which the obstinate vomiting was overcome by means of dilatation of the cervix.

Dr. B. F. Dawson had no experience in it. He had not dilated a cervix in five years, except for the purpose of curetting the uterus. He would like to ask Dr. Wylie how one dilatation will correct disease of the cervix. It seemed to him a dangerous proceeding.

Dr. Wylie did not claim that it necessarily cured the disease, but that it took off the tension and served to relieve any hardening that prevented the tissues from swelling. Dilatation counteracts the disease. He had some doubts, the same as Dr. Dawson, years ago, when he first tried dilatation. These had been dispelled, however, and six weeks ago he was bold enough to dilate here, in his office, the wife of one of the ministers from Washington, and relieved her vomiting almost at once, which had resisted much dosing by the mouth.

Dr. Dawson thought that cases had been heard from where vomiting occurred simultaneously with pregnancy, and continued right along through it. We all know the effects of warm water, glycerine, and iodoform, and as Dr. Wylie uses these in making his applications, may not they be the means of giving relief?

Dr. Wylie: Hardly; for Dr. Copeman and many others cured by dilatation, pure and simple. As a rule, if you examine women that are pregnant you will find that they have a healthy cervix when they have no vomiting, and when they have vomiting you will find that they have a contracted or an indurated cervix.

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While, therefore, we would especially commend to our medical friends these crystallized salts of cocaine in substance, we shall be pleased to supply to those who still prefer to use the drug in this form solutions of these salts, which are prepared with the greatest care, of the strength stated below.

We offer the following preparations of cocaine and shall be pleased to furnish on application prices and any desired information regarding their use:

**Cocaine Alkaloid,** (Pure in crystals).
**Cocaine Citrate,** 4 per cent. solution.
**Cocaine Hydrobromate,** (pure in crystals).
**Cocaine Muriate,** (pure in crystals).
**Cocaine Muriate,** 2 per cent. solution.
**Cocaine Muriate,** 4 per cent solution.
**Cocaine Oleate,** (containing 5 per cent. of the alkaloid).
**Cocaine Salicylate,** 4 per cent. solution.

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attack of acute atrophy of the liver, which caused her death. He never saw a worse case of vomiting than that.

Dr. Dawson asked how Dr. Wylie would explain the fact that most women stop vomiting after a few weeks without dilatation.

Dr. Wylie: After a few weeks the cervix may soften to such an extent that the pathological condition which may have existed has been really changed by the softening process which takes place. My experience has been that the dilatation does not necessarily remove the abnormal pathological conditions of the cervix, but relieves the tension that seems to be the cause of the vomiting. That is, according to the experience that I have had.

Dr. Dessau had a case once where a woman called in to see him on account of persistent vomiting. She was then about in the commencement of the ninth month of pregnancy, and she told him that the vomiting had not commenced until about the month before. About four or five years ago a case happened where vomiting terminated with the birth of the child. Here the vomiting came on at the end of pregnancy.

Dr. Wylie said that pregnant women might contract diseases that might affect the cervix, such as venereal disease. He had known of one or two cases where the irritation of the vulva from venereal warts seemed to cause the vomiting.

Dr. Jacobus: In a case at his clinic one of the patients had lacerated her cervix, which had been treated by amputation with galvanic cautery. She did not want to become pregnant, and said that if she did become so she would in all probability miscarry. Later she became pregnant, and was quite put out about it, and was somewhat disposed to blame the treatment for getting her in that condition. It amused her husband considerably. She had practically no cervix, only an internal os. If dilatation would be likely to do harm I should think it would have done so in this instance. Dr. Wylie ought to recollect her, for he sent her to him. She did not succeed in producing miscarriage, and Dr. Wylie dilated her os, and the next day she had some symptoms of miscarriage. After the dilatation she walked home and took aloes pills, and had a flow. Then the husband came around and said the flowing had ceased. Dr. J. sent back by him some morphine pills. About a month afterward she came around for some pills, and I found that she was still pregnant. She went on, and in about seven or eight months had a child. If dilatation was dangerous and produced miscarriage, it should have done so in that case. He thought that she would have gone the full time if she had had a cervix. She had a flow of water there for two weeks on account of a rupture, yet she was delivered of a child which lived.

Dr. McLaurey had seen some very severe cases, but never a fatal one. The most successful remedy that he could use was morphine and bismuth and caffeine. He had found that to be a very excellent remedy. He had never tried dilatation. In speaking of psychological influences he would like to state this. Occasionally he found a lady complaining that as soon as she becomes pregnant her husband becomes sick. A few weeks ago a lady came to him and said she was pregnant. I said to her: "How do you know you are?" She said, "Oh, as soon as I am pregnant my husband always becomes sick. This is the third pregnancy I have had, and my husband is sick every day." He had heard of this fact before, but he could not explain it, and would like to know if there was any one in this room that could.

Dr. Chamberlain was familiar with the paper of Dr. Copeman, and had employed his methods with satisfaction. He would remind the gentlemen of Dr. Engleman's paper that was published. He was inclined to regard the interpretation of this nausea as a neurotic phenomenon. The cervix is the most important portion of the uterus. Up to the time of birth the cervix is in volume as great as all the rest of the uterus, and up to the time of puberty there is a portion of the uterus that is between the reflection of the peritoneum on the bladder and on the rectum and the vault of the vagina; a portion between those is of the same volume as the uterus. The lower portion of the uterus is thrown down and the upper portion is thrown off. The cervix, is the active portion of the uterus. It is through that portion that the nerve supply reaches the uterus, and it has been observed that the neurosies (?) of the uterus are connected with the cervical portion. He had dilated the uterus repeatedly where he had attempted to bring on delivery in cases of convulsions, and as often as he had done that thing he had found that the convulsions had ceased. Repeatedly, and he thought constantly, in every case where he had employed this dilatation of the cervix to suppress vomiting in pregnancy, it had been successful. He recollected a case in which a lady had a small fibroma on the posterior wall of the cervix. It acted like a kind of a ball-valve over the os internum. In that case he dilated the cervix and the vomiting stopped and did not return. He was convinced from experience that while undoubtedly such cases as Dr. Harrison has cited, where there is a palpable structural change, and this may become the cause of vomiting, and also in Dr. Wylie's cases, where he describes disease of mucous membrane. He was confident, nevertheless, that the kind of spasm which was remedied by the process of dilatation was the cause of a great many cases of severe vomiting in pregnancy.

Dr. Wylie had nothing to say, but admitted the paper was not as broad as it might be, as Dr. Harrison said, and it was drawn strongly in one direction so as to bring this point out: that local treatment can be given without great risk, and is in most cases the best, and in some the only, means of giving relief.

The Society then adjourned.

## SELECTIONS.

### *BUTTERMILK IN SICK STOMACH.*

An irritable stomach, it will be admitted, is often a most serious complication in the management of sickness. In occasional cases, of no particular gravity otherwise, oftenest in diseases of children, this difficulty leads to a fatal issue. Buttermilk, so far as I am aware, is an untried remedy in such cases. I have had some experience recently with it, quite satisfactory in a few instances. Four cases of persistent vomiting occurring in succession, intolerant of any other treatment, gave way kindly to this.

Case I, was that of a child about two years old. The vomiting was unaccompanied by other sickness. The child had not retained anything, fluid or solid, for two days; the food being almost immediately ejected. I suggested buttermilk in teaspoonful quantities, every ten, then every five, minutes, the milk to be quite cold and as fresh as possible. The vomiting did not recur, and in two days the child had changed from a condition of impending death, from collapse, to nearly its normal condition. In place of teaspoonful quantities, the stomach soon sustained larger ones, and so on till an ordinary quantity could be taken.

Case II, was that of a nursing child suffering from a mild derangement of the digestive process, accompanied by fever and persistent vomiting while anything remained in the stomach. The mother's milk was immediately rejected. I again ordered buttermilk, in the same manner as before, much to the surprise of the parents. Next day the father reported that there had been no vomiting from the time this treatment was commenced.

Case III.—This was an adult female. Three weeks before she had been confined, and at this time was suffering from a mild attack of peritonitis, with constipation and nervous troubles. There was constant nausea in this case, even when the stomach was empty—a feature in which it differed from the other three. Buttermilk was cooled with ice, and carefully given in gradually increasing quantities till it was retained quite well, after other

remedies had all failed, and in twelve hours it could be taken freely. The nausea was overcome with more difficulty in this case than in the others.

Case IV, was that of a child one year old and weaned. The mother had been away from home some distance with the child, visiting. While absent, a slight diarrhœa occurred, accompanied by sick stomach. When I saw it the stomach difficulty predominated greatly. Everything given was immediately expelled with force. The mildest remedies were not retained a moment. The stomach was intensely sour, and food taken therein days before was passed from the bowels undigested. Buttermilk, as directed in the other cases, was ordered, with lime-water. The vomiting subsided very quickly, and the stomach could soon tolerate boiled milk thickened with flour. This change became necessary on account of the condition of the bowels, which now became as intolerant of the buttermilk as the stomach had been, the milk passing through immediately after ingestion. After the change of food no passage occurred for twenty-four hours.

Four successful cases will, of course, not establish the value of any remedy, but the recital of them may lead to further trial.

So far as I have observed, buttermilk does not coagulate in the stomach, as does new milk. This is, perhaps, its only advantage over the latter, but one of inestimable value, since the coagulation of new milk casein, so likely to occur, utterly forbids its use in many cases. In the "summer complaints" of children, for instance, buttermilk might be found eminently appropriate.—R. J. Peare, M. D., in *Therapeutic Gazette.*

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## *ARSENICAL WALL PAPERS.*

The use of arsenical pigments in coloring wall papers, and many kinds of wearing apparel and other articles, is sufficiently common to warrant the enactment of a law prohibiting the manufacture and sale of articles of domestic use containing poisonous coloring matters, or at least making it compulsory that they should be advertised as containing deleterious matter, so that the purchaser may have full knowledge of the danger which is incurred by their use.

Many continental countries have very rigid regulations on this subject, those of Sweden being by far the most stringent. In England strenuous efforts have been made, but without success, to have a law enacted prohibiting the manufacture, sale, or importation of articles of domestic use, containing arsenical pigments, or containing arsenic in any form. In this country less

attention has been given to this subject, but certainly not becauso there is less need of such a law, for there is every reason te believe that the trade in poisonous articles is extensive. It is only necessary to read the article in the fifth annual report of the State Board of Health, Lunacy, and Charity of Massachusetts, by Professor Edward S. Wood, on "Arsenic as a Domestic Poison," to be convinced of this unwelcome fact.

According to Professor Wood, the most common source of domestic arsenical poisoning is wall paper, which frequently contains an excessive amount of arsenic in the coloring matter. Green papers were at one time supposed to be the most dangerous papers on account of the use of certain preparations of arsenic in the coloring matter; but at the present time, although many of these papers contain dangerous pigments, arsenic is more frequently found in wall paper of other colors. This is accounted for on the supposition that the public have been specially cautioned in regard to the poisonous character of green papers and pigments, and have avoided them unless assured that they are not arsenical. Manufacturers have, therefore, been obliged to produce these colors without using the objectionable arsenical coloring matter. It is stated that red and blue papers are more frequently arsenical than the green. Even the delicate French grays contain a very considerable amount of arsenic. In fact, papers of any color or any shade may contain arsenic; and, therefore, color is not a reliable guide in distinguishing a poisonous from a non-poisonous paper.

The examination of a large number of specimens by Professor Wood developed some startling results. A number of the specimens contained as many as six grains of arsenic per square yard; a large number of them over one grain per square yard. One specimen of the so-called "glazed and plated" papers, so much used by children in kindergarten schools, contained as much as 55.88 grains of arsenic per square yard. It was found that no reliance could be placed on the color as indicating whether a paper was poisonous or not, and that the price of a paper is no security against its poisonous nature, as some of the most expensive papers contain a large amount of arsenic, while some cheap papers have none at all.

Poisoning is caused not only by the inhalation or contact with the body of arsenical dust, but also by the absorption by the skin and lungs of a very poisonous gas, arseniuretted hydrogen, which is evolved by the decomposition which takes place when arsenic is in contact with moist organic matter, such as the size or other vehicle for the color.

The symptoms of arsenical poison are difficult to recognize,

as they simulate those of other diseases, and doubtless many cases of illness due to this cause are ascribed to other agencies, and their true character overlooked, because it does not occur to the medical adviser to think of the arsenic in domestic articles as the source of the trouble.

Since the evil is widespread, what defence have the public against it? Manifestly the employment of arsenical pigments in every shape in domestic articles should be prohibited. This is a matter which should claim the prompt and careful attention of the legislature. Pending some definite legislation on the subject, it would be well to require from the vendors of wall papers a reliable test showing that the papers contain no arsenic or other poisonous matter, since mere inquiry would be met with the assurance, given in good faith, that the article was harmless—an assurance which is entirely untrustworthy. It is not practicable for the purchaser to institute a test on his own account, though this is done in some cases, and the security thus obtained amply repays the trouble and expense. Some firms, with commendable regard for the public safety, require the products to be submitted to exacting chemical tests, and thus are enabled to assure their patrons of the harmless nature of their stock. This practice, however, cannot be expected to be universally adopted, and therefore the self-imposed labor of some manufacturers should be supplemented by a general investigation by the analyst of the health board, who can render a valuable service to the public by a searching examination of the stock of paper-hangings offered for sale.

The physician should not forget the possibility of wall paper poisoning, and, in ill-defined and suspicious cases of sickness, he would do well to cause the wall paper to be submitted to a chemical test.—*Medical News.*

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## *FRESH HONORS FOR MELLIN'S FOOD.*

Mellin's Food, which has won the commendation of mothers and physicians for years past, has achieved a new honor, by securing the first prize, a gold medal, at the New Orleans Exposition, for its superiority as a food for infants and invalids.

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## *TREATMENT OF NEGLECTED SHOULDER-PRESENTATION.*

Dr. Joseph Thornley thus writes in the *British Medical Journal*, March 21, 1885:

On January 7, 1885, I was called to attend Mrs. L., aged

twenty-three, in her second confinement; it being late at night, and three miles away from home, I took my bag of instruments with me.

On arriving at the house, I was told by an old woman, whom I afterwards ascertained to be the midwife, that the patient had been in labor twenty-four hours, "but that she was not bad enough yet, as she had no pains worth mentioning."

On making an examination, I found the hand and arm in the vagina, and the uterus firmly contracted on the body of the child. I afterwards was told that the midwife had said in the morning that "all was not right, that there was a part in the passage, but that it would come all right yet."

I then anointed my left hand and arm with a mixture of vaseline and carbolic acid, passed it into the vagina, and attempted to return the arm; but, as usual, I found I could not do more than bend the arm up, but failed to alter the presentation of the body of the child. I then gradually, but with some difficulty, passed my hand into the uterus, which I found closely applied to the body of the child, the whole of the liquor amnii having escaped. I ultimately found a leg, and brought down the foot, on which I made considerable traction; at the same time, I got one of the women to make gentle pressure on the abdomen, to assist version; but I found that the more traction I used the more firmly the fœtus became wedged in the pelvis, and the arm and shoulder would not recede. I then asked for a skein of worsted, but, as this could not be got, they found me some very broad linen tape. I made a hitch of this, passed it over the right foot, and tightened it above the ankle. I then took the tapes in my right hand, and passed my left into the vagina up to the uterus; then, as I used traction upon the leg by means of the hitch, I gradually pushed the shoulder into the uterus, then the arm, and by this means the turning became quite easy; the rest of the labor was conducted on general principles. The child, a well-developed female, was dead. The mother made an excellent recovery.

The principal points of interest in this case are these: First, attempts to replace the arm in cases where the liquor amnii has escaped are useless and cause much pain; in no case have I been able to replace it, and thus alter the presentation. Secondly, by attaching the tapes to the leg, and using traction on them, it left room for my other hand in the vagina, by which means I was able to act directly on the two poles of the body at the same time. I feel sure, by this method, the dangerous operation of dismembering the child, as recommended by Dr. Donaldson, may be avoided; in many cases the life of the child might be saved, and that without any risk to the mother.—*Med. and Surg. Rep.*

## *DYSMENORRHŒA.*

Dr. Geo. Diog, of Marshall, Ill., writes: "I have given Viburnum Compound a fair and extensive trial, with great satisfaction to myself and relief to my patients. I find in all cases of dysmenorrhœa, where such is not dependent on mechanical obstruction, i. e. narrowing of canal, it is almost a specific, and even where mechanical obstruction exists, it affords great relief. I take more than ordinary interest in this matter because for ten years past I have had put up for my own use a preparation of sassafras, peppermint, golden seal, and ether, which I thought could not be surpassed, but I am free to confess that Viburnum Compound is by far the most efficient.

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## *PARALDEHYDE FOR DELIRIUM TREMENS.*

Dr. R. B. Gilbert, of Louisville, Ky., relates his experience with this drug in the *Louisville Medical News*, December 20, 1884. In a case of delirium tremens he attended, after the failure of potassium bromide, valerian, hyoscyamus and morphine to produce sleep, paraldehyde was successful. It was a natural suggestion, since this agent "is a hypnotic, producing perfectly a natural sleep of from two to six hours duration, from which the patient awakens without any sense of distress, headache, dullness or nausea." The elixir is an elegant form in which to administer the drug. Flexner's elixir contains two drachms of paraldehyde to the fluid ounce. In fifteen minutes after giving a tablespoonful of the elixir, the patient subsided from violent delirium into a deep sleep which lasted three hours. When he awoke he was not as delirious as he was before. After being awake one hour, another tablespoonful of the elixir was given, and in ten minutes the patient again fell into a deep sleep which continued some six or eight hours. He awoke perfectly rational, without tremulousness or headache, and was able to eat a hearty breakfast. In short, he was well. Such successes will make paraldehyde a substitute for opium or chloral as a hypnotic. It is a pure hypnotic.—*Virginia Medical Monthly.*

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## *THE TREATMENT OF INSOMNIA.*

Dr. Samuel Francis in a lecture upon this subject says: "I would advise four remedies for insomnia; each one is simple and easy of access. 1. To abstain from all mental work, no matter what the consequences, and give up any habits that over-excite the nervous system. If duty enforces labor of the intellect then confine it, if possible, to the hours of from 10 A. M. to 3 P. M.,

**Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.**

FOR

CONSUMPTION

AND

WASTING DISEASES

# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

## FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
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| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H C BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

**Copies of these Works sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S

**83 John Street, New York.**

# IMPORTANT!

## *GREEN DRUG*

# FLUID EXTRACTS,

## OR NORMAL TINCTURES.

## THE PERFECTION OF PHARMACEUTICAL SKILL

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

## Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others: but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | - - - - - | 12 | " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
Podophyllin, - - - - - - 1.20 gr. }

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

## Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

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and a free use of vapor-baths, under the supervision of the family physician, will materially assist. 2. Drink freely of skim-milk, from one to four quarts a day, and eat of the plainest and most digestible food, masticating thoroughly and slowly, and avoid wine of any kind, for it only deceives the drowsy brain by its intoxicating influence, demanding full pay the next day. Just before retiring let the patient take an old-fashioned tumbler of bread and milk. This serves to cause the flow of blood to go to the stomach instead of the head; and, if the head be placed rather high in the bed, that will effectually aid gravity to lessen its fulness. If you want to prove this, let a student stoop to pick up a pin on the floor, and see the crimson purple of his face. 3. If his means can afford it, a quiet, long, open-air drive, in a comfortable carriage, with perfect silence, and the bracing wind in his face, while he is warmly wrapped up, will bring on a soothing influence that will often cause sleep during the drive; and if his mind is not excited by the useless conversation of a companion, he will pass a beneficial night in his room providing it be cool. No matter how well off a person may be, let him have a blazing fire in the adjoining dressing-room, but no artificial heat in any sleeping apartment, and plenty of warm bed clothes. 4. I would suggest a regular judicious employment of massage. To state something that can be remembered, I would briefly say that where there is pain and inflammation the rubbing should always be toward the heart; but when it is to be practised exclusively for nervousness or sleeplessness, it can, and had better be from the heart toward the extremities. For it serves to stimulate resistance and reaction, which increase the circulation and bring the blood to the surface, lessening the amount in the head."—*Medical Record.*

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## *A SEVERE CASE OF RHEUMATISM CURED BY TONGALINE.*

Dr. Dumars of Peoria, reports the case of a man about 45 years of age, the janitor of the building in which his office is located, who had been a sufferer from rheumatism for nearly ten years. The attacks were very frequent and very severe, often necessitating the use of crutches, and would not yield to treatment by any of the usual or approved remedies. During the paroxysms relief from pain was secured only by the use of morphine. Having secured a sample bottle of Tongaline he gave it to this patient who derived so much benefit from the use of its contents, that he took the remedy regularly. Having used three bottles within four weeks, he found himself entirely free from the

complaint and has experienced no recurrence since, although eighteen months have passed and he has been able to attend to all of his duties during two very severe winters.

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## *THE TREATMENT OF RINGWORM OF THE SCALP.*

The following is a simple and very effectual method of treating ringworm of the scalp, described by Dr. James Faulis (*British Medical Journal*, March 14, 1885):

The child affected is made to sit down on a chair before a washing-basin half filled with warm water; a folded towel is first of all tied round the child's forehead, in such a way that no fluid poured on the head can trickle down into the eyes.

It is best to cut the hair short all around the affected part. If there be many spots of ringworm, the whole head may be closely cropped. Have ready a two ounce bottle of common spirit of turpentine, an ounce bottle of tincture of iodine, a camel-hair brush, and a ten per cent. cake of carbolic acid soap.

When the child bends forward over the basin, the spirit of turpentine is freely poured over one or more spots at a time, the forefinger being used to rub the turpentine well into the scalp. Almost immediately the dirt and greasy scabs disappear, and the short broken hairs are seen to stand up like bristles. Generally, in about three minutes' time, the child cries out, "Oh, it nips!" then we know that the turpentine has penetrated deeply. Immediately, the piece of carbolic acid soap is well rubbed into the parts which have been acted on by the turpentine, and warm water is freely applied to make this soap into a lather, by which means the head is well washed, and soon appears to be beautifully cleaned. The smarting, such as it is, quickly disappears after the application of the soap. The head is then well dried with a towel. Common tincture of iodine, in two or three coats, is now painted well over the affected parts, and allowed to dry. As soon as the hair is dry, some carbolic oil (1 to 20) is rubbed all through the hair to catch such spores as may be there.

This treatment, applied every morning, or morning and night in very bad cases, generally cures the worst cases in the course of a week. During the last five years, I have used no other method of treatment. The explanation of its success is as follows: Common spirit of turpeutine is a powerful germicide; but it is a still more powerful solvent of the sebaceous or greasy matter of the scalp, and it rapidly penetrates into the epithelial structures of the scalp, the affected hairs included, and clears the

way for the application of a still more powerful germicide namely, tincture of iodine.

It is an interesting chemical fact that spirit of turpentine, or, more correctly, oil of turpentine, is a powerful solvent of iodine. This solution of iodine in turpentine is a most powerful germicide, and quickly destroys the fungus of ringworm. If tincture of iodine be applied to the spots which have been treated, as above, first with the spirit of turpentine, and then washed with carbolic acid soap and water, it finds its way down into the epithelial tissues, and into the hair-follicles, following the course which the spirit of turpentine has taken. It is of no use to apply watery solutions of germicides, until the greasy or sebaceous matters of the scalp has been first removed.

In some severe cases, I have applied a solution of iodine in turpentine, ten grains to the ounce, instead of the tincture of iodine, after the head has been washed and cleaned; but in most cases, the application of tincture of iodine, after the part has been acted on by the spirit of turpentine as above described, is quite sufficient to destroy the disease.

Ringworm on other parts of the body may be treated with spirit of turpentine and tincture of iodine in exactly the same way. One great advantage of this treatment is that it may be applied to the head of the youngest child, and cause little or no distress at any time.—*Therapeutic Gazette.*

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## *A SIMPLE EXPEDIENT IN THE MANAGEMENT STRANGULATED HERNIA.*

Dr. S. H. Hurd, of Long Branch, N. J., writes to the *Med. Record.*:

"Under the above caption, Dr. C. A. Stewart, of Chicago, calls attention to a simple expedient he has resorted successfully to in five cases of strangulated hernia after the taxis had failed. It consisted in dilatation of the constriction which produces the strangulation at the abdominal ring, by passing the finger along the inguinal canal, carrying the integument before it, until the constricting ring is felt. The finger is then gently insinuated into the opening, and, if the band of opposing fibres does not yield readily, gentle pressure is made against the upper border of the ring until it is felt to give way, when a resort to taxis again will ordinarily result successfully. Last year, I called the attention of the members of our County Society to this plan, and its happy results in several cases.

"One of my patients referred to was sixty-eight years of age, and several unsuccessful attempts had been made to reduce the

hernia. I had made every preparation for surgical interference, and the patient was anæsthetized, when Dr. Green, of this city, attempted it by the above method and succeeded. The effort, though, was prolonged, and much patient and persistent pressure was made upon the fibres of the constricted ring before they yielded. This they ultimately did, but not by the 'gentle pressure' Dr. Stewart speaks of. An attack of peritonitis followed the reduction, but the patient made a speedy and happy recovery. Two similar cases treated by the same simple method, with no untoward symptoms following, warrant me in underscoring this 'simple expedient.' The first case occurred five years ago, and I do not report it with a view of establishing any priority of claim, but rather as confirmation of the practice or plan recommended.

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## *THE TREATMENT OF NIGHT COUGH.*

This troublesome condition, which often precludes sleep, is treated of by Dr. A. W. MacCoy in the *Med. News*, February 28, 1885. He thus concludes:

"It is a well-known fact that a drink given to the child will often cause a cessation of the paroxysms, the fluid simply pushing downward the exciting foreign body. This clinical fact gives us the clew to the successful management of these troublesome cases. If the nasal passages are thoroughly cleansed before the child is put to bed, the night will probably be uninterrupted by this irritative cough. If the discharge accumulates in the nasal passages or upper pharynx during the night and gives rise to a paroxysm, it is simple procedure to cleanse the nasal chambers, and at one relieve the symptoms. Treatment can be most effectively carried out by means of a spray composed of an aqueous solution of an alkali. By its use these cases need no longer be harassing to either practitioner or patient.—*Med. and Surg. Reporter.*

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## *ABDOMINAL SECTION IN RUPTURE OF THE CYST IN EXTRA UTERINE PREGNANCY.*

Authorities differ as to the proper treatment in case of rupture of the cyst in extrauterine pregnancy. Lawson Tait, whose views upon this subject were presented to our readers a few months since, strongly advocates immediate abdominal section with removal of fœtus and of the fluids that have been poured out in the abdominal cavity, and arrest of hemorrhage by ligation of bleeding parts. On the other hand, Dr. W. W.

Jaggard, in a paper recently read before the Chicago Medical Society, strongly advocated palliative measures in such condition. Dr. Jaggard, in the course of his argument, suggests it as possible that recovery after ectopic gestation is not an uncommon event, quoting Schroeder, who states that he so frequently sees cases of tubal pregnancy, in which the diagnosis is positive, pursuing a favorable course, that he considers recovery as the regular termination. He further regards the prognosis of the operation of abdominal section as very unfavorable, among other reasons, because of the patient being in a condition of more or less profound shock, and because of her acute anæmia, while the anatomical conditions of the parts are not easily made out even in post-mortem examinations of those who have died from ruptured gestation cyst.

The palliative treatment is also advocated by Karl Braun, Schroeder, Martin, Wells, Thomas, and Emmett.—*Medical News.*

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## *THE ANTIDOTAL EFFECT OF ATROPIA OVER MORPHIA.*

Dr. John M. Clark, of Burlington, Vt., writes: "A man, forty years of age, in good health, took thirty grains sulp. morphine in about four hours. When found he was in a narcotic sleep, with all the symptoms of opium-poisoning. The usual methods of treatment were adopted. Active exercise as possible, cold water to head, strong coffee, etc. Electricity was not given and stomach was not evactuated. I immediately gave by subcutaneous injection $\frac{1}{150}$ grain of sulph. atropia. After half an hour I repeated this dose. Again, in half an hour I gave the same dose and waited the effect. This was all that could be desired. The pupils dilated, articulation returned, and a general improvement began. In five or six hours from the last dose he was comfortable, and went on to recovery, which was completed in about two days."—*Medical Record.*

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## *COCA IN FATIGUE.*

The occurrence of a seven days' walking match in Louisville furnished the opportunity for Dr. E. R. Palmer (*American Practitioner*, Feb., 1885) for testing the advantages of coca in prolonged muscular effort. Dr. Palmer's experiments commenced on the sixth day of the race, when two contestants had already dropped out, and a third was on the point of withdrawing from the contest, as she was already about breaking down, her

gait unsteady, walking with great pain and weariness, and her eyes sunken in her head and encircled by large dark rims. She had accomplished a little over 247 miles, leaving to be covered in 36 hours a little over 102 miles to save her from being distanced, she being at that time 68 miles behind the next competitor in the race. She was prevailed upon to continue in the contest, and Dr. Palmer obtained control of her from her trainer, after the assurance that he believed he might restore her vigor, and possibly enable her to win her race, through the administration of coca. Accordingly, he administered to her a large wine-glassful of the wine of coca, and in twenty minutes afterwards a second dose. Dr. Palmer states that within thirty minutes after the first dose, her step was quick and elastic; she moved easily around the track, declaring that she felt like a new woman; of all the walkers she was now the freshest, and her time the best being made, her gait being nearly five miles an hour and well sustained. During all the remaining time she took the coca freely, it not appearing to disagree with her stomach at all, and its bracing power upon her muscular system being most manifest. In the last portion of the race she was accidentally pushed from the track by the contestants in a running race which was going on at the same time. She fell nearly six feet to the ground, and was carried to the dressing room unconscious, but with no seeming injuries. She rallied shortly afterwards, drank some coca, and although complaining of pain in the epigastric region, she insisted upon again taking the track, but was compelled soon to leave. She soon, however, returned, and, aided by the free use of the coca, kept steadily at her work, and finished the 350th mile, the distance necessary to avoid being ruled out of the race, with fourteen minutes to spare —having accomplished, therefore, over 102 miles in the last thirty-six hours, and that, too, after she was apparently completely broken down. From the time she began with the coca she took no other stimulant except a sip, at long intervals, of sherry and milk, and ate scarcely anything, owing chiefly to the poor quality of the food furnished. She continued to use the coca the day after the race; and on the third day, the coca having been withdrawn there was a slight increase in the pulse, with some irregularity, which, however, shortly disappeared. This experiment seems strikingly conclusive of the efficacy of coca wine in physical fatigue in sustaining the bodily energies.— *Therapeutic Gazette.*

## EDITORIAL.

*"In things essential, unity; in things doubtful, liberty; in all things, charity."*

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### *THE MENSES IN PHTHISIS.*

In pulmonary tuberculosis the menses are almost always suppressed; and the reason for this is obvious. Phthisis being a constitutional disorder, wherein the life-forces are enfeebled by a failure in some of the blood-making organs, the uterine functions cease for the want of proper nutriment and not from local disease. Hence we frequently see young women lose their menses without any visible cause, when all at once symptoms of phthisis will present themselves, and the case proceeds to a hasty and fatal termination. But in some cases they are not suppressed at the commencement of the disease; they may be irregular, scanty, occurring every ten, fourteen, twenty-one, twenty-eight or forty days, just as the case may be. But, as the disorder advances to the latter stage, they are always suppressed. In a large number of cases we do not now remember but two where the menses continued until the last. These were exceptional cases, and were patients over forty years of age. And experience leads us to the conclusion that the menses are more generally suppressed at the commencment of this disease, in very young women, than those who are more advanced in life. M. Louis found that where the duration of phthisis was less than one year, the average period of the menstrual suppression was about the middle of its progress. When the tuberculous affection was prolonged for more than one or two years, the suppression occurred during the latter period. Thus in a young woman, in whom the disease lasted three years, the menses ceased at the end of the thirteenth month; while another patient of the same age, and in whom the disease was similar, continued to menstruate until within two months of the fatal period.

The sudden suppression of the menses in an individual who has a hereditary proclivity to pulmonary tuberculosis should be looked upon as a very suspicious circumstance, particulary, if she be unmarried. A young woman ceases to have her regular

menstrual discharge, she becomes pale and feeble; she has pain in her head, loins and limbs—after a time she emaciates; her friends become alarmed and call in a physician. He gives her case a very superficial examination, and refers all her difficulties to a suppression of the menses. Remedies are prescribed with a view of restoring them, but, alas! they are without effect, and the medical attendant is suddenly aroused to the sad convictiou that he has made a mistake in his diagnosis—phthisis, with all its formidable features, is staring him in the face.

It was for a long time the opinion of writers on pulmonary tuberculosis, and even Dr. Lawson, in his work on the subject, does not discard the idea, that the disorders arising from the menstrual suppression might lead to the deposit of tubercular matter in the lungs. We do not consider the suppression of the menses in any way a cause of phthisis pulmonalis. In this case they cease from a failure of the vital forces, as already remarked, and it is a marked symptom of the great constitutional malady, which will ultimately end in the dissolution of the whole bodily fabric, unless it is speedily remedied. A limited number of tubercules in a lung may be remedied, and the patieut regain her wonted health. But a constant repetition of the morbid process is greatly to be dreaded, and can only he averted by correcting the constitutional diathesis.

If, therefore, the physician suffers himself to be led away by the local symptoms, and treats them alone, he will not have much success in curing the disease. If, when the menses are suppressed he employ active emmenagogues alone, it may lead to very injurious results. We have long since come to the conclusion that, when pulmonary tuberculosis exists, all active measures to restore the menses are wrong. Indeed, they stand in the way of other agents that may overcome the constitutional malady, which is the chief difficulty.

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## *THE CHOLERA.*

All the recent accounts from Europe, make it clear that the Asiatic Cholera, starting from its old home, in the East, is marching westward, much after the same order as in the past. Its mortality is not very different from the past. In cities where

it appeared last year, the mortality was about 40 to 50 per cent. In all ordinary probability, and, despite all quarantine precautions, we mayexpect a visit this season.

We are pleased to observe that already the health authorities in the principal American cities are taking measures to anticipate the visit. One or two things should never be forgotten: We have always had cholera upon us by surprise—we are never ready—and despite warning upon warning, we indulge in irregular habits of living, of eating and drinking, up to the first alarm. The first appearance of cholera among us has always been among the residents of crowded and filthy tenements, and finally its virulence rapidly diminishes either from exhaustion of itself or habits of the people. These points are of importance, and very materially indicate the directions of preparation. The fact of a supposed case or so in London, New York or this city, need be no particular cause of present excitement or alarm; such has been the case pretty uniformly year after year even in the absence of an epidemic. The main thing is to thoroughly cleanse our cities—break up the local sources of infection; see to it as individuals that our own premises, our cellars, yards, drainage and privies are all free from filth; see to it that personally we are correct in our habits, regular in diet, temperate, clean, and beyond this we may patiently wait, but with a reasonable assurance of more than comparative safety.

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## *MILK AS AN ARTICLE OF DIET.*

Dr. Wiggin, of New York, has been examining into the value of milk, in comparison with other articles of food. The comparison is novel, and the results are sufficiently interesting to be remembered. Housekeepers frequently find it difficult to make as great a variety in articles of diet as is desirable., and by keeping the one under consideration in view, they may find that it will often stand them in good service by way of a change. It would appear that the nutritive value of milk, as compared with other articles of animal food, is not generally appreciated. The doctor says there is less difference between the economical value of milk, beefsteak, eggs or fish, than is commonly supposed. The quantity of water in good milk is 86 to 87 per cent., in

round steak 75 per cent., in fatter beef 60 per cent., in eggs about 68 per cent. From several analyses recently made, he estimated sirloin steak (reckoning loss from bone) at 35 cents a pound, as dear as milk at 24 cents a quart; round steak at 20 cents a pound, as dear as milk at 14 cents a quart; eggs at 30 cents a dozen, as dear as milk at 20 cents a quart; corned beef at 17 cents, as dear as milk at 15 cents. The result from these deductions seems to be that milk at even 12 cents a quart is the cheapest animal food that can be used.

## *OUR WEIGHTS.*

Upon the average, boys at birth weigh a little more, and girls a little less, than six pounds and a half. For the first twelve years the two sexes continue nearly equal in weight, but beyond that time males acquire a decided preponderance. Thus, young men of twenty average about 143 lbs. each, while the young women of twenty average 120 lbs. Men reach their heaviest bulk at about thirty-five, when they average about 152 lbs.; but women slowly increase in weight until fifty, when their average is about 128 lbs. Taking men and women together, their weight at full growth averages about twenty times as heavy as they were on the first day of their existence. Men range from 108 to 220 lbs., and women from 88 to 207 lbs. The actual weight of human nature, taking the average of ages and conditions—nobles, clergy, butchers, bakers, tinkers, tailors, maidens, boys, girls and babies, all included—is nearly 100 lbs. These figures are given in avoirdupois weight; but the advocates of the superiority of women might make a nice point by introducing the rule that women be weighed by Troy weight—like other jewels—and men by avoirdupois. The figures will then stand: young men of twenty, 143 lbs. each; young women of twenty, 160 lbs. each; and so on.

## *MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.*

The twenty-fifth annual meeting of the Massachusetts Eclectic Medical Society will be held at the Revere House, Boston, Thursday and Friday, June 4th and 5th, at 10 o'clock, A. M. Essayists: Dr. J. S. Andrews, of Taunton, subject "Cholera;"

Dr. A. A. Gelineau, of Lowell, subject "Chemistry of Medicines;" Dr. C. E. Miles, of Boston, subject "Tumors of the Female Urethra;" Dr. E. E. Spencer, of Cambridge, subject "What Now?" Dr. A. W. Forbush, of Charlestown, subject "Dyspepsia;" Dr. A. J. Marston, of Worcester, subject "Stricture of the Urethra and Urinary Fistula." Business meeting on Thursday. Annual oration and dinner on Friday.

P. E. Howes, M. D., Secretary.

## CORRESPONDENCE.

Yokohama, Japan, March 17, 1885.

I am a doctor from a town in the State of New York. It is said that if a doctor gets through the first ten years he will live to a good old age. I had practiced eight years, when I found that rheumatism and asthma were getting hold of me with a close embrace. I had to go six miles on horseback, at night, in the rain, to see an old sick darkey, a pauper, and I did not get a cent for it. I concluded that if I did not get out of that I should soon peg out.

I started without any particular object in view, other than getting rid of the rheumatism and asthma, as well as the annoyance and responsibility of private practice. Out here I find, to me, a new world and a new people. The first thing I did was to get a Japanese and English phrase-book and bone up on it. I own a ginrickshaw (a two-wheeled carriage, of infantile proportions, universally used here), and two bettoes (tattooed men). One man is enough on level grounnd, but up hill it is necessary to have one man to pull and another to push. When I go to the great idol Daibutz, twenty miles, my men deliberately strip themselves for the journey, except a breech cloth, about six inches wide, and even the breech cloth they do not hesitate to take off at the various tea houses in order to dash water over the privates. They do not hesitate to do this even in the presence of the ladies, merely taking the precaution to turn their backs.

The *naivete* of Japanese ladies is astonishing. I summoned my best effort in the native language, at Totska, and asked one of them how old she was. She replied that she was not allowed

to have sexual intercourse until she should be twenty! I like Japanese houses; I have no further use for chairs and tables, having become convinced that these last are a vice incident to our civilization. I take off my shoes when I enter the house, I stretch myself at full length on the soft grass mats, I eat my rice and chicken from dishes set on these mats. I am sure to have two or three Japanese ladies near me assisting or resting. I would like to send you a sketch of a Japanese resting, it is a curious sight. [A pencil sketch is enclosed.] I sleep on the mats. The only thing which I cannot as yet get accustomed to is the triangular wedge of wood, slightly padded at the top, and placed under the nape of the neck, for a pillow. I have tried it several times, but uniformly get cramped.

I have assisted, as the French say, several times, at Kamakura, in the worship of a rock, some ten feet square, which the Japanese say fell down from heaven. On it is a very correct representation of the clitoris, labiæ, mons veneris, and vaginal orifice, of colossal dimensions. Worship of this stone is reputed to have cured tens of thousands of barren women who have visited it from all parts of the Empire of Japan.

Sterility would seem to be more common among the males here. I have repeatedly seen a penis, say four feet in length, occupying a secluded place in the temples at Yeddo, Odawana, and Myanoshta.

I would advise those of my medical brethren who intend visiting Japan to come quickly, for the Japs are rapidly emerging into the light of our so-called blessings of modern civilization. For my own part, I am delighted with this beautiful park covering the whole island of Niphon, and with the people who live back from the open ports in a state of charming Arcadian simplicity. I would like to tell you of some bath-house scenes I have witnessed, but I forbear. I will remark, *en passant*, that the people keep themselves clean.

I thought I would put down these notes for the JOURNAL, but I doubt whether your readers would like any more of them from an already retired physician, whose sands of life have not run out. Sayo nara,

J. R. BLANCHARD, M. D.

New York, April 28, 1885.

Editor Masschusetts Eclectic Medical Journal:

Dear Doctor:

You have doubtless been aware of the fact that our enemies, actuated by bigotry and self-interest, have been waging an active war against Eclecticism, having for its objective point its extermination.

One of the measures adopted in furtherance of that fell purpose, was to single out the Eclectic Medical College of the City of New York, against which to direct the first attack; frivolous allegations and groundless charges were brought against it in the hope and expectation of effecting either the revocation of its charter or at least bringing it into disrepute with the authorities and the public at large.

But discomfiture, failure and ignominious defeat was destined to be the outcome of their machinations. I am now happily in the position to announce to you that every issue has been met. The action brought against the College has been discontinued by the consent of all parties, and an order to that effect entered in the Supreme Court of this State, on April 27th, 1885.

Though New York was apparently the field, the battle was against Eclecticism *per se*, and the victory achieved in this State, was in fact a triumph of Eclecticism, wherever disseminated. I thereforse take great pleasure in tendering my congratulations to the Eclectic profession and the Eclectic press throughout our country upon our success, as also my sincerest acknowledgments for the sympathy expressed, and the faith and confidence with which they have sustained us during the dark hours now past.

Respectfully,

George W. Boskowitz, M. D., Dean.

## BOOK NOTICES.

Palatable Prescribing: Containing the favorite formulary of the most eminent medical and surgical authorities of the age, and embracing a resume of the most eligible prescriptions for the administration of recent additions to the materia

medica. By B. W. Palmer, A. M., M. D. In one handsome octavo volume of about 150 pages, flexible cloth. Price, $1.00. Geo. S. Davis, Publisher, Detroit, Mich.

There are many standards by which a book may be judged, and in this pre-eminently practical age that of utility is perhaps the best one by which the real value of a book may be determined. What the average physician wants nowadays is not so much the so-called exhaustive treatises which serve only to confuse, but rather books which shall embody only the facts, leaving mere theories to be disputed over by authors. Judged from the utilitarian point of view, this book, embodying, as it does, the favorite formulary of many eminent medical authorities, and the most eligible prescriptions for the administration of those new remedies which recent research has added to the materia medica, will, doubtless, receive a warm welcome from the mass of the profession. It supplies a kind of information available for immediate use in practice which cannot be acquired by the individual practitioner, except by laborious research through medical literature.

Controlling Sex in Generation. The Physical Law Influencing Sex in the Embryo of Man and Brute, and its Direction to produce Male and Female Offspring at will. By Samuel Hough Terry. 12mo, cloth, $1.00. New York, Fowler & Wells Co., publishers, 753 Broadway.

The author propounds a theory for controlling the sex of offspring, which he claims to have fairly proven to be true, citing numerous instances in his experience tending to its confirmation. He claims that the determination of the sex of offspring in all life lies in the separate physical conditions of the two parents. That in normal conditions of life these are so nearly balanced that trifling and temporary influences vibrate the scale either way, resulting in nearly equal numbers of both sexes in the offspring, with some tendency to an excess of males, as shown in the statistics, say in proportion 1,000 to each 900 females. That in the changed circumstances of refined social life, there is a growing tendency to throw these equal conditions out of their even balance to the side where female offspring result in a proportion as great in some families as *two*, *three*, or more females to one male. What these physical conditions are the author sets forth clearly and at length, and how they may be directed in their normal state to produce either sex at will; also how when they have become unbalanced they may readily be restored to their normal condition. Though the subjects treated of are

abstruse, the book is written in a plain, popular style, not being burdened with so much scientific phraseology but that any man of ordinary intelligence can readily understand it; and it is withal couched in very modest language. Its influence can not but be beneficial to the reader, even if he does not always acquiesce in the author's views.

The Diagnosis and Treatment of Chronic Nasal Catarrh. By Geo. Morewood Lefferts, A. M., M. D. Lambert & Co., St. Louis, Mo.

This is a series of three clinical lectures delivered at the College of Physicians and Surgeons, New York, by Dr. Lefferts, who fills the chair of Laryngoscopy and Diseases of the Throat in that institution. He is Consulting Surgeon to St. Luke's Hospital; Surgeon to New York Eye and Ear Infirmary, etc., besides being well known as an earnest and original worker in the department of eye, ear and throat diseases. Nasal Catarrh is a subject about which much has been written by the profession, and as much, or more, by the laity. It is of frequent occurrence and a source of sufficient discomfort to demand attention and relief. What the general practitioner wants is condensed and reliable information concerning, and practical advice in regard to, treatment. In this book he has it, the portion directed to treatment being especially full, with many formulæ. The book is neatly and tastefully gotten up, and its low price—one dollar—places it within the reach of every practitioner.

The Oleates. By John V. Shoemaker, A. M., M. D. F. A. Davis, 1217 Filbert Street, Philadelphia, publisher.

Martin's Directory of Druggists. Advertiser Publishing Co., Boston and New York.

This is a tastefully gotten up book, and contains lists of druggists and various branches of the drug trade. According to it there are in the United States and Canada 29,718 retail druggists.

Drugs and Medicines of North America. J. U. & C. G. Lloyd, Cincinnati, Ohio.

This quarterly with which many of our readers are familiar is devoted to the historical and scientific discussion of the botany, therapeutics, etc. of the medicinal plants of North America. The present number, which is No. 5, is devoted to a consideration of the history and properties of hydrastis canadensis, and is of great interest.

American Medical Digest. New York. H. Campbell & Co. $2.00 per year.

The Bay State Monthly. A Massachusetts magazine. Devoted to the Literature, History, Biography, and State Progress of Massachusetts. John N. McClintock & Co., Publishers, Boston.

Annals of Surgery. A monthly review of surgical science and practice, published simultaneously in the United States and Great Britain. J. H. Chambers & Co., St. Louis, Mo.

Scarlet Fever and Certain Suggestions for its Treatment. By T. Griswold Comstock, M. A., M. D., St. Louis.

Vital Statistics of Tennessee. A report by J. D. Plunket, M. D., member of the State Board of Health.

The Effects of the Abuse of Alcohol. By J. W. Dowling, M. D., New York.

Jequirity: Its Uses in Diseases of the Skin. By J. V. Shoemaker, A. M., M. D., Philadelphia.

Jewish Hygiene and Diet. By Carl H. Von Klein, A. M., M. D., Dayton, Ohio.

Typhoid Fever and Low Water in Wells. By H. B. Baker, M. D., Lansing, Mich.

Babyhood: A journal devoted exclusively to the care of infants and young children. Published at 18 Spruce Street, New York City.

Kansas City Medical Index: A sixty-four page journal, being two successful journals consolidated in one. $2.00 per year.

Atlanta Medical and Surgical Journal. Atlanta, Ga. $2.50 a year.

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## *RECEIPTS.*

In order to save time and trouble, we will hereafter print each month the names of those from whom we have received money. Those remitting will please note whether their names appear in the list. If they do, that may be accepted as an assurance that the money reached us. If they do not, please send a postal to that effect. The following have been received during June:

A. L. Chase 1, C. Teager 1, Sylvanus Cobb, Jr., 1, O. B. Crane 1, W. C. Beam 1, A. E. Colerick 1, H. D. West 1, A. B. Conklin 1, J M. Buzzell 1, T. J. Batchelder 1, T. A. McKenna 1, J. W. Rayby 1, B. Willson 1, F. LeDroit 1, S. E. Currier 1, R. Hayner 1, M. M. Meinke 1, A. W. Clarkson 1, B. S. Dalrymple 1, C. Gore 1, B. R. Richardson 1, D. Brouthers 1, M. L. Dunlap 1, K. I. Lewis 1, C. B. Irwin 1, M. Murray 1, W. Force 1, P. M. Farrar 1, G. T. Semple 1, L. Tarbett 1, J. H. Elwell 1, T. A. Simpson 1, A. G. Anson 1, C. D. Pfeffer 1, P. Merrill 1, P. M. Glint 1, E. N. Williamson 1. J. C. Whitney 1, J. Hornung 1, P. Radford 1, C. Rand 1.

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# INFANTS

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# INVALIDS.

**MELLIN'S FOOD** is the only perfect substitute for Mother's Milk.

**MELLIN'S FOOD** is the most nourishing diet for invalids and nursing mothers.

**MELLIN'S FOOD** is used in counting rooms and offices as a most agreeable lunch.

**MELLIN'S FOOD** requires no cooking.

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**MELLIN'S FOOD** is not farinaceous.

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**MELLIN'S FOOD** is the best food for sick infants.

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**MELLIN'S FOOD** is endorsed by physicians.

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**MELLIN'S FOOD** is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

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**A Sample Bottle Free by Mail to any Physician.**

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Correspondence from Physicians Promptly Answered.

# SCOTT'S EMULSION

## PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.

PERFECT, PERMANENT, PALATABLE.

### THE STANDARD EMULSION OF COD LIVER OIL.

**Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.**

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

**SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.**

# THE PERFECT NATURAL FOOD,

## A NEW PROCESS

## PURE UNSWEETENED CONCENTRATED MILK,

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## "SPECIAL CREAM BRAND."

This milk is prepared specially for feeding Infants and Invalids, and is for this purpose certainly the safest, most digestible, nourishing and fortifying food known. It is perfect in composition, contains no cane sugar or other addition, being absolutely pure. It keeps for years in any climate. It is complete in itself and *practically* accomplishes all that typical milk *theoretically* should. It is the perfect food for the prevention and cure of Infantile Marasmus, Diarrhœa, Cholera, Deficient Vitality, Painful or Retarded Dentition and all cases of Malnutrition, Emaciation, and Debility of whatever age. Successful in all cases where milk is usually prescribed.

FACSIMILE OF LABEL
Encircling neck of every bottle.

SEVEN MEDALS awarded and highest testimonials from Medical Experts. Please send for circular, testimonials, etc.

**TO PHYSICIANS.** Notwithstanding the claims made by various advertisers we believe this Milk, when properly diluted and sweetened, to be

## The Only Perfect Substitute for MOTHER'S MILK.

This we affirm after prolonged and varied personal experience.

Please write ℞ **DYER'S SPECIAL CREAM BRAND,**
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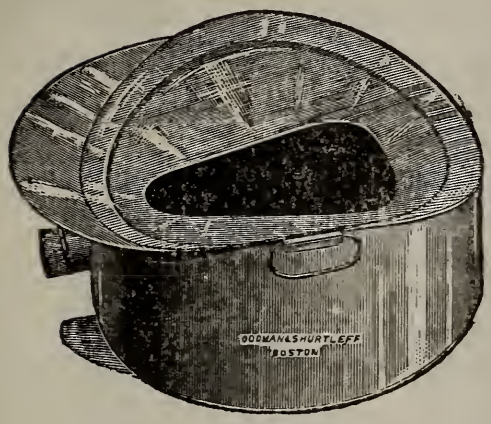
# VAGINAL DOUCHE APPARATUS.

**Designed by Dr. W. H. BAKER.**




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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# Obstetric and Gynecological Instrument Bag.

**PRICE REDUCED.**

These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

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## THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

*Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.*

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

### *BEEF PEPTONOIDS*

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884, after a critical examination of numerous food productions by a Jury composed of the best chemists in Europe.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

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*Director of the Imperial Chemical Laboratory for Rhenish Prussia.*

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PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*
*Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.*

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

## REED & CARNRICK,

**182 Fulton St., New York.**

# VERDICT

## Maltine.

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, London, 1884, after a critical examination of a large number of Malt Extracts by a Jury composed of the best Chemists in Europe.

**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world.

Send for Pamphlet giving comparative analyses by twenty of the best analytical Chemists in this country and Europe.

There is no reconstructive that excels it in Phthisis and many wasting Diseases.

The following is from an article on

### MALT EXTRACT,

By the late Prof. L. P. Yandell.

"**MALTINE,** in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our mind than there is of the curative power of Quinine, Cod Liver Oil, the Bromides and the Iodides.

**MALTINE** deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

Extract from recent Article on MALT EXTRACTS AS FOOD, by J. Milner Fothergill.

"A good Malt Extract is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, Malt Extract is a food which may often be resorted to when at one's wits end what to do."

### LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Cod-Liver Oil.
MALTINE with Cod-Liver Oil and Pancreatine.
MALTINE with Hypophosphites,
MALTINE with Phosphorous Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates, Iron and Quinia.
MALTINE with Phosphates, Iron, Quinia, and Strychnia.
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MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

**THE MALTINE MANUFACTURING CO.,**

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

**Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.**

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**PHYSICIANS** are now prescribing **HYDROLEINE**

FOR

## CONSUMPTION

AND

## WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

**Hydroleine** furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil.

**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

FORMULA OF

# HYDROLEINE

*(HYDRATED OIL.)*

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

**Copies of these valuable Works will be sent Free on Application.**

*Wm. F. Kidder & Co.,*

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# PEACOCK'S BROMIDES

—(CHEMICALLY PURE.)—

Each fluid drachm contains fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

USES.—Epilepsy, Spinal and Uterine Congestions, Congestive Headache, Cerebral Apoplexy, Enuresis, Dentition, Mania, Meningitis, Eclampsia, etc.

DOSE.—One to two Fluid Drachms, in water, three times a day.

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—(ANTIDOTE TO MALARIA.)—

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PEACOCK CHEMICAL CO., St. Louis.

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"Simplest, Best and only Perfect Filter." S.W. Lambeth, Phila

"It makes our muddy river water clear, pure and sweet as mountain spring water. G. W. Stewart, Atty., St. Louis.

"Best Filter in the world." Joseph Jones, M. D., New Orleans.

The demand so great the owners have opened a place in New York.

"The Ne Plus Ultra of Filters." Dover Stamping Co., Boston.

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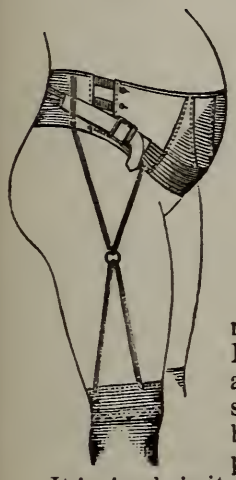
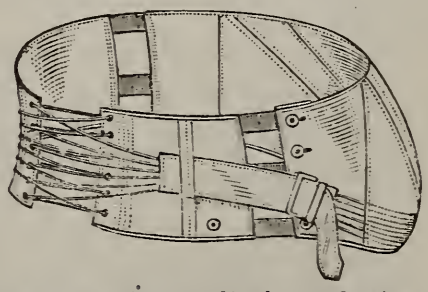
Avoid Cholera, Malaria, Bright's Disease Typhoid and Scarlet Fever. Send stamp to *Gate City Stone Filter Co., 14 East 14th St. New York for price list.*



## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



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M. F. LINQUIST, M. D., New Haven, Conn.

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These are a few of many cases that we can furnish to show the value of raw food, which our liquid food is, condensed and free from insoluble matter, which enables us to save life when all other foods and treatments fail.

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BRANCH WORKS:—7 Snow Hill, London, and 384 St. Paul St., Montreal.

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# VERDICT

## Maltine.

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, London, 1884, after a critical examination of a large number of Malt Extracts by a Jury composed of the best Chemists in Europe.

**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world.

Send for Pamphlet giving comparative analyses by twenty of the best analytical Chemists in this country and Europe.

There is no reconstructive that excels it in Phthisis and many wasting Diseases.

The following is from an article on

## MALT EXTRACT,

By the late Prof. L. P. Yandell.

"**MALTINE,** in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our mind than there is of the curative power of Quinine, Cod Liver Oil, the Bromides and the Iodides.

**MALTINE** deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

Extract from recent Article on MALT EXTRACTS AS FOOD, by J. Milner Fothergill.

"A good Malt Extract is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, Malt Extract is a food which may often be resorted to when at one's wits end what to do."

### LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Cod-Liver Oil.
MALTINE with Cod-Liver Oil and Pancreatine.
MALTINE with Hypophosphites.
MALTINE with Phosphorous Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates, Iron and Quinia.
MALTINE with Phosphates, Iron, Quinia, and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

**THE MALTINE MANUFACTURING CO.,**

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

**Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.**

# 30,000

**PHYSICIANS** are now prescribing **HYDROLEINE**

FOR

## CONSUMPTION

AND

## WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

**Hydroleine** furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil

**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

FORMULA OF

# HYDROLEINE

*(HYDRATED OIL.)*

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

**Copies of these valuable Works will be sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S.

**83 John Street, New York.**

# PEACOCK'S BROMIDES

—(CHEMICALLY PURE.)—

Each fluid drachm contains fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

USES.—Epilepsy, Spinal and Uterine Congestions, Congestive Headache, Cerebral Apoplexy, Enuresis, Dentition, Mania, Meningitis, Eclampsia, etc.

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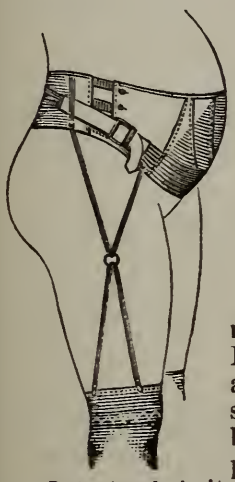

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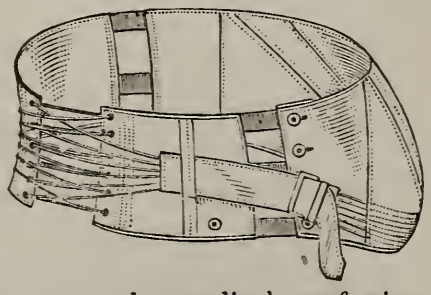

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First Introduced to the Profession in 1866.

THE

# National Standard Prescription

—OF—

## GYNECOLOGISTS AND PHYSICIANS.

Universally employed wherever its superior merits are known.

## The Viburnum Compound of Dr. Hayden.

(Author of the original formula of the simple and compound Phosphorous Pills.)

It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

The Viburnum Compound is prescribed by the most eminent medical men in this country, and is recommended by more physicians than any one other special remedy in the world without a single exception.

We assert, without the fear of a successful contradiction, that no physician who has thoroughly tested in his practice the merits of the Viburnum Compound of Dr. Hayden, will on any consideration be without it in the list of his most favorite remedies.

No simple preparations of the Viburnum Opulus, or of the Viburnum Punifolium, will in anywise produce the happy results of the Viburnum Compound of Dr. Hayden.

☞FOR ILLUSTATIVE HAND-BOOK containing general formulas, special directions, interesting matter, and the references and testimonials of more than ***six hundred physicians***, send your address on postal card to the

## New York Pharmaceutical Company,

***Bedford Mineral Springs, Mass.***

Dispensed by all reliable apothecaries. Put up in four, ten and sixteen ounce bottles. Please write for "Hayden's Viburnum Compound," and accept no other.

WHOLESALE AGENTS—Schering & Glatz, 55 Maiden Lane, New York; Geo. C. Goodwin & Co., Boston.

## PHENIC ACID, CHEMICALLY PURE.

Phenic Acid is the synonym for Carbolic Acid. It is volatile, diffusible, and antiseptic, acting on both vegetable and animal parasitic growths or ferments, which the profession regard as the cause of all zymotic diseases.

In its pure state it changes readily on exposure to moisture, air and light; and when so changed in color or smell, is unfit for medical use. To prevent this it must be recovered in its nascens state, by combining it, atom for atom, with syrup or glycerine, when it will remain unaltered for an indefinite period. Combined with syrup we obtain our

## SYRUP OF NASCENT PHENIC ACID,

each tablespoonful of which contains 2 1-2 grains chemically pure nascent Phenic Acid.

From medical works, journals, letters and statements of physicians we learn that brilliant successes have been obtained from this preparation in the treatment of zymotic diseases, as SCARLET FEVER, DIPHTHERIA, MEMBRANOUS and DIPHTHERITIC CROUP, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVER, SEPTICÆMIA, ERYSIPELAS, etc., etc. Physicians specially recommend it in MALARIA as an antiseptic in general to prevent contagion; hasten convalescence: check suppuration, and oppose the fermentative changes which cause an alteration of the normal proportion of red corpuscles of the blood. It can be given in alternate doses with our other compound preparations, when the full Phenic Acid effect is desired.

It is indicated in all disturbances where the tongue is of a dark or angry red, and many patients will at once convalesce on the use of the remedy.

Dose, one tablespoonful, three times daily before meals.

Many physicians prefer a combination of Sulphur with Phenic Acid. For such we prepare

## SYRUP OF SULPHO PHENIQUE.

each tablespoonful of which contains Sulphuretted Hydrogen and Ammonia Phenate combined, 2 5-6 grains.

The profession have found this combination specially serviceable in SCARLET FEVER, DIPHTHERIA, CROUP, TONSILLITIS, QUINSY SORE THROAT; chronic forms of RHEUMATISM, GOUT, ASTHMA, and CUTANEOUS AFFECTIONS, and all cases, in short, where sulphur is indicated. In CHRONIC NASAL CATARRH, in conjunction with the topical application of Glyco Phenique, it is universally remedial. In SMALL POX it will abate the disease, prevent pitting, and so arrest the eruption in the vesicular stage that the results in of the suppurative stage and secondary fever will be prevented.

This compound may be relied on in DYSPEPSIA.

Dose, one tablespoonful, three times daily before meals.

It frequently happens that the lesions left by acute disorders and constitutional diathesis require an alterative, for which purpose Iodine and Iodide of Potassium have always held the first place. With these we prepare our

## SYRUP OF IODO PHENIQUE,

each tablespoonful of which contains Iodine, 1-14 grains; Iodide of Potassium, 3-14 grains; Nascent Phenic Acid, 8-11 grains.

This combination is in universal demand by the profession for the treatment of SCROFULA, and all diseases arising from a strumous or scrofulous diathesis. TUMORS, HIP JOINT DISEASE, CARIES and NECROSIS of bone, CANCER, SYPHILIS, and all specific and constitutional diseases; ERYSIPELAS, ACUTE and CHRONIC SKIN DISEASES. In MALARIA it is prompt, speedy and effective, abating the paroxysm, and preventing future attacks. In "biliousness" or "liver complaint" it has no superior. In SCARLET FEVER it should be used alternately with Syrup of Nascent Phenic Acid.

Dose, one tablespoonful, three times daily before meals.

In all fevers, whether Idiopathic or Essential, the grave symptoms are high temperature, sleeplessness and nervous disturbances. The profession have found that one of the best remedial agents to combat these symptoms is our combination of

## SYRUP OF AMMONIA PHENATE,

each tablespoonful of which contains Ammonia Phenate, 2 4-5 grains.

The profession have reported that on the exhibition of this compound, high pulse and temperature will be reduced, and neither delirium nor coma supervene. It is described in the same class of diseases as the Syrup of Nascent Phenic Acid, viz.: SCARLET FEVER, DIPHTHERIA, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVERS, SEPTICÆMIA, ERYSIPELAS, ACUTE RHEUMATISM, etc., etc. In TUBERCULOSIS, and other pulmonary affections, as PNEUMONIA, BRONCHITIS, etc., etc., it has proved invaluable.

Dose, a tablespoonful, three times daily before meals.

The above combinations of Phenic Acid are also prepared with a non-saccharine base for diabetic patients, and for those to whom sugar is objectionable.

Hypodermic injections of Nascent Phenic Acid, Sulpho Phenique, Iodo Phenique, and Ammonia Phenate, all at 2 per cent. Where a rapid and thorough effect is desired, whether in adults or children, these should be used with Hypodermic Syringe (Dr. Declat) with finger-bearings, 2 needles graduated, holds 80 minims.

Handbook of Dr. Declat's Antiseptic preparations, containing special directions and testimonials, sent free on receipt of postal card giving name and address.

A sample bottle of any of the above preparations will be supplied free to any physician on application, by mentioning this journal.

## THE DECLAT MANUFACTURING CO.

**P. O. Box 1129.** **86 Warren Street, New York.**

☞In corresponding with Advertisers, please be sure and mention this Journal

# DUFFY'S
## PURE
# MALT WHISKEY.

**Pure, Unadulterated** and **absolutely Free** from **Fusel Oil,** is the only Whiskey that can be safely recommended by the **Medical** Fraternity to their patients; it has been endorsed by eminent Physicians and Chemists in all parts of the country. In cases of Pneumonia, Diphtheria, Consumption, Malaria, Hemorrhages, all Pulmonary Complaints, Low Fevers, **Dyspepsia** and **Indigestion,** it is highly recommended. In diseases where any stimulant is required, it is a valuable aid on account of its **absolute purity.** We are the only concern in the United States who are bottling and selling to the **Medical** Profession an absolutely **Pure Malt Whiskey.**

## TESTIMONIALS.

*Gentlemen.*—I take pleasure in testifying that I have made an analysis of your pure Malt Whiskey, which gave a very gratifying result. Your Malt Whiskey is entirely free from fusel oil or any of those similarly obnoxious alcohols which are so often found in whiskeys. Therefore it can be recommended as extremely fit for medical purposes.

DR. M. E. ARENDT,
Analytical and Consulting Chemist, Buffalo, N.Y.

STAPLETON, RICHMOND CO., N. Y.
April 23, 1884.

*Gentlemen.*—When I prescribe an alcoholic stimulant to sick and convalescent people, I order your famous Malt Whiskey in preference to any other liquor, for the reason that I know it to be wholesome, clean and unadulterated. I confidently recommend it to the Medical Profession at large, satisfied that it will meet the approval of the profession in every particular.

Yours truly, JAMES J. O'DEA, M.D.

RICHMOND, VA., Oct. 21, 1884.

*Gentlemen.*—Your sample of Whiskey came duly to hand, and its contents tested. I shall prescribe it whenever I consider that stimulant is required.

J. N. RICHARDS, M.D., 7 N. 6th St.

*Gentlemen.*—Since the introduction of your Whiskey in our city, I use no other, for the reason that I know it to be pure and unadulterated. What I employ with so much success in my own practice I can, without hesitation, recommend.

JAMES E. WHITEFORD, M.D.,
195 Aisquith St., Baltimore, Md.

BALTIMORE, MD., Oct. 2, 1884.

*Gentlemen.*—I have had a careful analysis made of a sample of your Malt Whiskey, as you requested, and find it remarkably free from fusel oil and other objectionable materials so often found in the whiskeys of the present day. Its flavor is quite pleasant and agreeable to both taste and smell, and it is, therefore, well suited to all cases that require the use of an alcoholic stimulant.

HARVEY L. BYRD, M.D.,
President of the Faculty, and Professor of the Baltimore Medical College.

ROCHESTER, N. Y., Oct. 5, 1884.

*Dear Sirs.*—I have frequently prescribed your Malt Whiskey in my practice here. I consider it a very superior and reliable article, and can heartily recommend it in low states, in fevers, acute inflammations, and in depressing maladies generally, also as a tonic in feeble digestion and convalescence from acute diseases, when an alcoholic stimulant is indicated, and especially in Phthisis Pulmonalis.

FRED. H. SAWERS, M.D.
S. R. C. P. Lond., etc.

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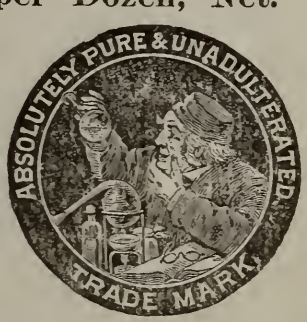


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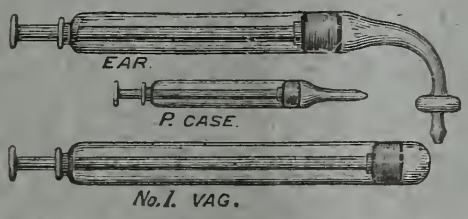


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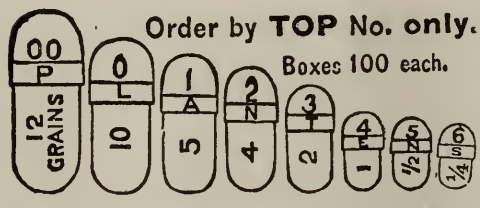


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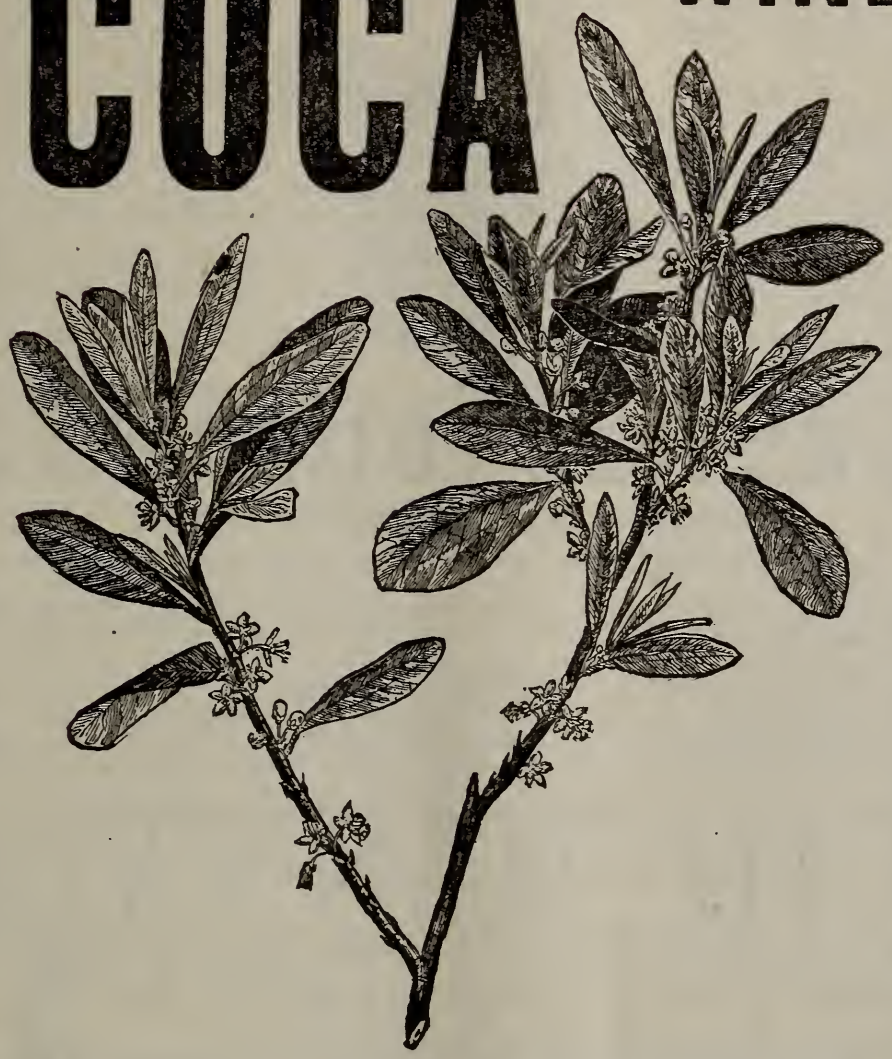

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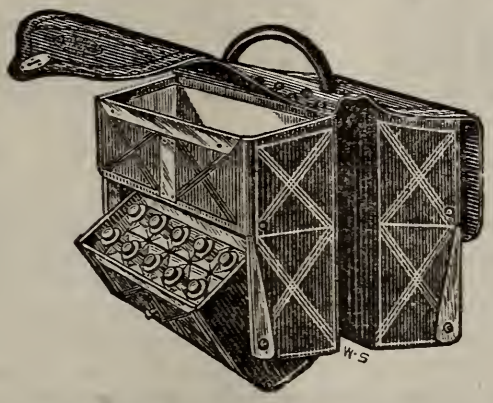

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MASSACHUSETTS
# ECLECTIC MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### *EARLY EDUCATION, MENTAL AND PHYSICAL.*

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

[CONTINUED.]

THE curriculum for a boy in ancient Persia consisted entirely of physical culture for the first seven years; then of riding and archery for the next seven; and afterward of discipline in knowledge, justice, temperance and moral qualities. The Wisdom-religion of the Persians proscribed all falsehood as sacrilege; Mithras was revered by them as the God of Truth, and the Evil Mind denounced as the liar and father of lying from the beginning. Their course of training, if adopted here, would make our "coming race" better, nobler, and more robust. "There are many things," said Xenophon, "which bear witness to the spare diet used among the Persians, and the carrying of it off by exercise; for it is even yet regarded by them as unbecoming to be seen either to spit, or blow the nose, or any such matter. These things could not possibly be so, unless they used very temperate diet, and spent the moisture by exercise, making it pass from the body in some other way."

I would also extend the privileges, rights and benefits of mental and physical culture to girls. I am profoundly convinced that boys and girls are unlike from diversity in training, rather than from any thing in nature. Granted that I am extreme in

this sentiment, it is at least certain that there is much of actual truth in it. A sickly girl is a reproach to human nature. In the order of the universe, in the harmony of the creation, in the power of endurance which transcends the more extraordinary physical efforts at which males excel, and finally in the length of life itself, the female of every race is superior to the other sex. It is a fact therefore that as much exercise and variety of motion are necessary to the one as to the other. The animal tribes enjoy this divine permission and are vigorous because of it; but human beings are subjected to conventionalities which are against nature, and, accordingly, they so often set aside the imperative conditions for robust health and a happy career in life.

Little can be said wisely in favor of walking or any form of exertion which is employed merely for the sake of exercise. It is a tedious, wearisome, torturous, imposition, with little in it of wholesome occupation. There should be a collateral impulse—something enjoyable of itself—to make these things the means of proper physical culture. Nature does her best work by the promptings of inclination. The love of play should have its rightful place at the front. Children thrive best under what we may somewhat paradoxically term a salutary, watchful neglect. Let the girls be as noisy and uproarious as the boys. Away with cramped and artificial manners, that there may be no unnatural obstruction to breathing freely and profoundly, and to enjoying without stint. Let a laugh, a shout and a romp be accounted proper and becoming. The world may not be managed as a ground-plat, nor an oak planted in a flower-pot.

The training and education of children during the formative period will be very likely to continue their influence and effects all through mature life. The most active and successful religious propagandists declare that if they can have the management of the child for the first ten years they are certain of him for life. The tale of *John Inglesant* was evidently written to illustrate, and what little is learned from death-beds appears to warrant this assertion. The old remember their childhood longest, and often repeat in their conduct the thoughts and sentiments what they were at that time in life. The adult period, with its ambitions and

experiences, has frequently served to disguise the real individual, rather than to change him radically.

A good memory should be assiduously cultivated in children from the very first. It is essential to exalted moral and spiritual, as well as mental development. Like the muscular and other organic tissues, it becomes stronger in proportion to its frequent exercise, provided that due regard is had to normal intervals of rest. Habit is really but memory impressed on the soul and physical organism, in such a manner that the sense of novelty, which we denominate Consciousness, is not vividly aroused.

Child-prodigies of memory, or indeed of any other excellence, are not to be regarded, however, as wholesome manifestations. Such precocity is in about the same category with any other evolution of adult condition during the infantile period of life. Child-poets, child-musicians, and child-saints are analogous to fruit that has developed or ripened prematurely. A worm may be in it, some abnormality or sirocco may have hastened it, but it is very sure to be a windfall or a blight. Such children will generally pine away, die young, or degenerate during their adolescence into very ordinary sickly creatures. This period is not designed, in the order of nature, for great proficiency in intellectual pursuits of the higher character. All the nutritive functions and processes of growth are more rapid than in mature life, and constitute a prodigious draft upon the energies which actuate them. The accumulation of energy in the nervous system impels the child to engage in some form of muscular activity in order to relieve itself from the undue tension. It resorts to play or some new exploration for this purpose.

The organism, nevertheless, is still too tender to sustain any long continuance in physical or mental effort. This is especially true in regard to study. The nervous tissues soon weary, and the growing process is thereby disturbed. The mental development is more or less warped or arrested; and very likely, the physical health is more or less impaired.

Indeed, it is actually more wholesome for children to be noisy, boisterous, and even what many may consider naughty or even a little wicked. The function of childhood is to grow, to become strong and vigorous. The objects of our existence in this world

require the intermediation of a sound and healthy bodily organism for their successful accomplishment. If we would have a massive and beautiful superstructure, there must be a firm and deep foundation; and that which is highest in rank in organic existence can reach its proper eminence only by the perfecting of the lowest in its own legitimate sphere. In the training of the child the highest, best-balanced, and longest-continued activity of the mind can be secured only by due care for the health of the physical structure. The foundation of a robust old age is a good constitution of the body in childhood. The best provision for later years is made by keeping in good order, and the governing of ourselves by rules of temperance in earlier life. The strength, too, must be husbanded, in order to be able for study. By temperance I mean the Pythagorean virtue: "nothing in excess."

I sometimes feel it to be unfortunate that the school and the schoolmaster appear to be so necessary in our modern social life. There is something unnatural about this matter, something repugnant to our higher intuitions. The common methods of our primary and secondary schools seem often to me to consist of a mere effigy of learning. They come very far short of fulfilling what is required in a proper education. They are, to a very great degree, in open conflict with good sense. The lower faculties often seem to be trained to perform, or rather supersede the functions of the higher. It is not a very high attainment to be able to spell and pronounce correctly, or even to compute numbers and read books. The learned pig can put letters together into words, and a cat will reckon up the number of her kittens. It often seems as though more attention was paid to the handling of the money set apart for educational purposes, than to the education itself and its cost to the pupils in that which constitutes fitness for the ends of life. Too often the health is undermined by the amount of labor imposed upon them, and more particularly in the encroachment which is thereby made upon the hours of sleep and recreation. Whether school houses or dwellings are ever often supplied with a salubrious atmosphere is a matter that ought to be thoroughly investigated. Certainly the grouping of hundreds of individuals, and especially children, in close quarters for so large a part of each day is

unwholesome and unphysiological. They are not only poisoned by the devitalized air, but contaminate each other in other respects. The little which is known of animal magnetism, as well as of sanitary matters, affords conclusive demonstration that our careful attention is urgently required to this feature of the subject. The sickliness, nervous deterioration, and general lack of stamina which now characterises so much of our American life, bear a very close relation to the undue number of hours, the night-study, the excessive cramming of lessons incident to the curriculum, the pernicious competitions, the neglect of proper hygiene, in that unnatural stimulation and excitement with insufficient rest.

Academic instruction is no material improvement, but an extension of those methods. Routine attendance at a professional college, and examinations written and not oral, with the doors closed, conclude a curriculum in which the fees seem the chief concern. This cramming, and habit of committing to memory with no corresponding habit of reflection, and too frequently but little inclination for the tasks, which makes the pupil the mimetic reproduction of teachers, is an evil which cannot be denounced too strongly. Persistence in these methods is already emasculating the American mind, subordinating American thought, American scientific knowledge and American opinion to European masters, and steadily extinguishing the old American enthusiasm for freedom; making our people the dupes and underlings of politicians and men in power. To this day British writers treat us as half-taught provincials; and the publishers of a *Cyclopædia* in Edinburgh—which finds its principal market in the United States—have magisterially excluded the proper mention of scientific discovery and views originating here. The men who achieved American independence had, fortunately, a training which was radically different, or else the achievement would not have been accomplished. Manly stamina and deep conviction of the right are essentials of independence.

The course of training, and especially the educational curriculum, should correspond with the tendencies of the mental organism and faculties, and their order of development. Childhood and adolescence constitute the period of life in which to become

familiar with external facts, to comprehend their relations, and to establish habits. It is, therefore, the duty of the Educator to direct all endeavors accordingly. It will readily be found to be the natural order, and that training, instruction, and the unfolding of the faculties, thus go on simultaneously and in harmony. As the senses are first in evolution and function, their manifestations of pleasure and pain, love and dislike, demand earliest attention. Close upon them is the development of the understanding, the "geometric faculty" as the ancients have denominated it, which has the twofold office of shaping the operations of the imaginative and emotional nature, and of forming with them the habit of generalization. It determines the conditions of the several facts which have come within the consciousness, and ascertains their relations and classifies them by the generalizing process. All scientific education, as distinguished from philosophic, is included under these modes of proceeding.

The aim of fitness should inspire our methods. There is one law in this matter in regard to sex, instruction and employment. Justice is the doing of the work which one is fitted to do, doing it as it should be done, and abstaining from that for which one is not fitted. Education is the process by which the faculties are developed and brought into normal activity. Study in due moderation is beneficial in every way, and will render most pupils scholarly; but excess is very sure to overpower and discourage them. Many of the dull children in the school-room were not such naturally, but were made so by the inaptitude produced from unsuitable lessons and the resulting paralysis of the ambition to make further advancement. Sagacious teachers have not unfrequently made good scholars of youths that had been thus mistreated. The girl as well as the boy should be cared for. It is the right, the province and the duty of each alike to eat of the fruit of the tree of knowledge of good and evil, and so to become as gods in stable intelligence and true liberty of action.

Plutarch, in the treatise which has been cited, has given the following summary as the result of proper culture: To worship the gods, to honor our parents, to yield due respect to older persons, to be submissive to the laws, to obey our governors, to use sobriety toward our nuptial companions, to be affectionate to our

children, and not to treat servants and inferiors with insolence; and more than these, not to be overjoyed in prosperity, nor to be too much dejected in adversity; not to be disorderly in pleasures, nor transported with brutish rage and fury when angry.

To these let me add the postulates of a recent author, "that a consequence of the violation of the natural law produced by ignorance of the law, is the state of society exhibited in the individual category; that death before old age is abnormal; that sickness and disease are abnormal, and so are all the social inconveniences arising from wrong opinions, vicious habits, and dishonest and criminal acts of whatever nature."

The sickly and the vicious are alike blotches on the surfaces of society. It should be the aim of the educator, the physician, and the publicist, in whatever capacity, to eliminate all these abnormalities. It is for such an end—to put a stop to what is wrong, and to establish permanently that which is as it should be—that the early tutorage and discipline of the young should be most careful, most diligent and efficient. Hygiene and lessons should go hand in hand. The entire series of faculties should be exercised, so that the body be whole and pure and the mind in perfect integrity.

Upon the tomb of a noble family in Europe there are sculptured three colossal faces, to represent Life, Death and Immortality. The artist very properly regarded Death as having no considerable place in the real human drama. It is principally the rending of a curtain by which the presence of the other characters are screened away from each other, and their actual unity hidden from contemplation. He bestowed his skill to depict them most graphically. Life was represented as a care-worn, anxious, weary face, with a characteristic expression of earnestness and also of vague enquiry, as if for the end and purpose to be effected. Immortality was more gloriously delineated—a beautiful countenance, calm, satisfied, self-possessed, sublime, and with eyes looking far away. Indeed, it was the other face transfigured, the illusory cast into the shade by the vision of the permanent. The central question is thus answered and the mind at rest.

## *TUMORS OF THE FEMALE URETHRA, ILLUSTRATED BY CASES IN PRACTICE.*

BY C. EDWIN MILES, M.D., BOSTON HIGHLANDS, MASS.

THE tumors that infest the female urethra, although frequently insignificant in size and appearance, are many times an intolerable annoyance, and are sometimes the cause of extreme agony to the patient; so severe, indeed, as to produce marked constitutional debility and grave impairment to the nervous system, to the extent, even, of grave mental depression.

The symptoms that these tumors give rise to may so simulate those produced by causes of a functional, inflammatory or mechanical origin, that their presence is often unsuspected in their early existence; and their location and minuteness may render their discovery difficult when suspected and searched for. The obscurity of the diagnosis is also increased when the tumor is situated high up in the urethra, from the lack of the most perfect means for inspecting that region of the organ.

*Tumors.* The caruncle constitutes the most common urethral tumor, although the polypus is occasionally found there. Goodell, in two instances, found and removed anomalous, worm-like tumors in the urethra, extending into the vestibule, in young, unmarried women. The caruncle may be single or multiple, and simply vascular, or it may be neuromated, and is usually sessile, though it may be stalked. Holmes calls these vascular tumors "urethral hæmorrhoids."

*Pathology.* The pathology of urethral tumors is not at present perfectly defined. The vascular caruncle, however, is evidently an hypertrophied papilla, lined with tessellated epithelium, and richly supplied with capillary vessels, while the neuromated variety is highly endowed with sensitive nerve fibres as well as capillary vessels. The pathology of the urethral polypoid is undoubtedly the same as those growing from similar tissues in other regions of the body.

*Causation.* The causation of urethral tumors is often obscure, but in other cases it is more obvious. Accepting the pathology advanced in regard to them, whatever produces congestion and hypertrophy of the urethral tissues may prove an exciting cause of these growths, such as the morbid conditions of the urine that

irritate the urethra, pressure from a displaced bladder or uterus, childbearing, excessive coition, and a variety of imprudences and accidents of that sort. They may appear from youth to old age, though more common to advanced life, and in both the married and single, being more frequent in the married. I recently saw a case that appeared in a virgin spinster of 81 years.

*Symptomatology.* This malady has a varied symptomatology. The objective symptoms of caruncle and polypus are positive when intelligently observed. Placing the patient on the back or side with the legs flexed, on separating the labia, exposed to a strong light, a florid and—too frequently for the credit of the surgeon and the patient—sessile tumor or tumors from the size of a pin-head to that of a raspberry is discovered, generally at the meatus urinarious, though they may exist high up in that canal. The polypoid tumor is far less vascular and is of a denser structure than the caruncular tumors.

The subjective symptoms are frequent micturition, pain on motion of the lower extremities and during sexual intercourse, and on contact with the clothing or any pressure on the part. The urine when strongly alkaline or acid often causes the most extreme torture.

The reflex symptoms are numerous. The patient may complain of pelvic pressure as from prolapsus of the uterus, or pain in the bladder and in the region of the kidneys, and at other times of bearing down in the rectum and anus, as from hemorrhoids. There is sometimes nausea and vomiting simulating that of pregnancy. As previously stated, great mental depression occasionally attends the disease, and general debility occurs as a consequence of it.

These reflex conditions are such common manifestations with urethral tumors that the physician cannot be too careful when complaints are made of uterine, bladder and rectal suffering for which no adequate cause can be discovered in these organs, to assure himself that urethral tumor is not the exciting cause of the mischief; so, likewise, if the patient who suffers from constitutional debility or mental depression shows indication of the above disease, he should not defer a positive diagnosis of the

true nature of the difficulty. Indeed, in no case where the medical attendant is suspicious of the existence of these tumors should he long remain in donbt in the matter, so serious may be the results of protracted delay, should his suspicions be correct.

*Differential Diagnosis*. The differential diagnosis in urethral tumors is seldom difficult if care is exercised in the examination. From prolapsus of the urethra it is differentiated by the reddish and usually bleeding projecting tissue that encircles the meatus in that disease. The syphilitic growths somewhat resemble the caruncle, but they are less painful than the latter, and are found on other parts than the urethra.

*Prognosis*. If the caruncle be sessile or multiple, though they may be successfully removed, there is great liability of their recurrence. The existence of these tumors—especially of the neuromated variety—is prone to develop an exquisite hyperæsthesia of the parts that may continue to vex the patient long after the successful removal of the tumor; a fact that should always be made known to the patient or her friends before an operation is made.

*Treatment*. Various methods of treatment have been adopted for the removal of urethral tumors. Snipping them off with the curved scissors when the tumor is stalked is a ready and successful operation. If the tumor is sessile, or sessile and multiple, the application of the chromic or nitric acid with a pointed stick or glass rod is usually effectual; successful results have also followed the application of carbolic acid in crystals, in these forms of the tumor. The wire-rope ecraseur of Dr. Braxton Hicks is an admirable instrument for the removal of the stalked caruncles and many of the polypoids. The thermo-cautery and the galvano-cautery are especially valuable for the removal of the sessile and multiple caruncle, and of all forms of urethral tumors where hemorrhage is imminent. Whenever one of these tumors has been removed by excission, the point from which it had its growth should be freely touched with one of the acids before mentioned, or the thermo or galvano cautery, both for the purpose of preventing hemorrhage and the recurrence of the tumor. When there is great sensitiveness of the part, and the patient is in a very excitable condition, if there are not marked

contra-indications, the operations should be made under an anæsthetic. At the present time, however, the hydro-chlorate of cocaine is being used experimentally for alleviating pain in these and certain other operations, and if the results shall prove as favorable in the future as its friends claim for it now, a great boon has been discovered for much human suffering, and in such cases the more active anæsthetics can, most happily, be substituted by it.

That something may be done to alleviate the great agony produced by the urethral caruncle, for the time being, is sometimes true; it is to be hoped the cocaine may do this; but so far, medical science nor surgical skill cannot offer any reasonable hope for cure except the radical treatment indicated in this paper.

The following cases will serve to illustrate the varieties of urethral tumors, and their symptoms, and some of the methods for their cure:

Case 1. Mrs. B., widow; aged 40 years. For two years she had been increasingly suffering from scalding urine, with frequent desire to pass it. Walking had come to give her discomfort; she felt a constant pressure at the "water passage," and it gave her pain in that region to sit down, She had become irritable in disposition from the vexation, and the nervous system was shocked at the slightest cause. She told me she "had taken every known remedy for this inflammation of the urethra."

An examination revealed a neuromated sessile urethral tumor, about the size of a duck shot. This was destroyed by nitric acid applied with a finely pointed pine stick. The cure was complete.

Case II. Mrs. B., widow; 43 years. Had suffered for months with some scalding of the urine, and there was often obstruction in passing it. She had frequently used warm water injections by the vagina, and had felt pain when the nozzle of the syringe came in contact with the meatus. The remedies she had used had given her only temporary benefit if any at all, and she was becoming worse as time went on.

On examination I found a tumor about the size of a pea bean and slightly stalked. It was a vascular urethral caruncle. This was lifted with the forceps and snipped with the curved

scissors; the point of its origin was fully touched with the nitric acid as in Case I. The operation was made some six years since. There has been no return of the malady.

Case III. Mrs. J., widow; age 53 years. Had suffered tortures for more than a year every time she had urinated. There were severe pains darting into the hips and womb most of the time in her waking hours, and extreme distress after urinating, so that she lived in dread of the coming time of going to the urinal. She was sure the womb must be prolapsed one hour, and the next that she had a cancer. She was greatly depressed mentally, and insomnia was almost continuous.

On examination it was found that her distress arose from a neuromated sessile tumor of the urethra nearly as large as a raspberry. This was removed with the thermo-cautery, and a cure of her distress effected.

Case IV. Mrs. F., married, aged 47. She complained of some scalding on passing urine, which was sometimes obstructed, but more of a sense of extreme pressure in the urethra, which extended into the rectum and anus. At an early period of her life she had suffered both from piles and a prolapsus of the uterus, and she thought she was then affected in a like manner.

A careful examination demonstrated that her whole difficulty arose from a polypoid tumor of the urethra as large as a small filbert and having a large base. Ether was administered, and the tumor removed with the Braxton Hicks wire-rope ecraseur, and the bleeding surface touched with the thermo-cautery. The recovery was complete from all her difficulties.

Case V. Miss N., age 81 years; spinster. It had given her intense pain to pass urine for many months, and the least touch on the parts gave distress and shock to the whole system. A small, neuromated, sessile tumor was found at the meatus. The hyperasethesia was exquisite. She was greatly debilitated, and there was much mental agitation. She was placed under ether, and the tumor was removed with the thermo-cautery. Every vestige of the tumor disappeared, and the meatus in the space of two weeks took on a normal appearance, but the mind continued to revert to that region, and she was in perpetual fear that she would have to urinate, though she suffered but little when she

performed the act. Finally, application of a few drops of a four per cent. solution of the hydro-chlorate of cocaine were made to the meatus every few hours, which proved a source of great comfort to her in every way.

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## *FISTULA IN ANO.*

BY W. A. PERRINS, M. D., ROXBURY, MASS.

A FISTULA may be described as a pipe or sinus in the soft tissues, having no tendency of itself to heal, and discharging a saniolus and unhealthy pus. Various parts of the body are subject to the disease particularly the neighborhood of the anus. The early history of fistula in this position is that of an abscess or phlegmon, which at length voluntarily discharges fetid pus, or is evacuated with the knife. The liberation of the pent-up fluid is attended with relief and the subsidence of inflammatory symptoms. The cavity evacuated, however, does not always fill with granulations and become obliterated, but is more likely to shrink into a pouch or sinus which secretes a sero-purulent fluid and extends toward the rectal region. The loose structures surrounding the sphincters and lower portion of the rectum favor the continuance of the disease and the extension of fistulous passages in various directions. There is usually very little pain attending the burrowing of a fistulous channel, but the patient is apt to become dispirited, to lose flesh and to exhibit symptoms of exhaustion. Fistula in ano badly managed or neglected is frequently accompanied with irritation of the lungs which terminates in pulmonary disease. Perhaps the only connection or relation existing between the two diseases is that the same condition of the system is productive of both, as they occur principally in those of a scrofulous or tuberculous diathesis. Anal fistulæ may be divided into complete and incomplete: the incomplete being divided again into internal blind and external blind.

The fistula is said to be complete when the passage extends more or less tortuously from the integument to the mucous membrane, and incomplete when it extends from either the integument or mucous membrane to one or more blind extremities in some portion of the adjacent tissues. An abscess usually points or opens in the direction of least resistance, hence, if it forms

near the anus it will be likely to empty itself into the bowel, forming afterwards an internal blind fistula; but if it forms near the skin it will open through the integument and form an external blind fistula. The disease usually progresses until a communication is established from skin to mucous membrane, and even continues its progress still farther, forming pouches and offshoots in various directions. These offshoots and blind pouches are usually produced by the pressure of pent-up material which accumulates in the passage owing to the opening or openings in the skin having so far healed as to obstruct its free discharge. This condition of affairs is productive of the same general disturbances as are experienced in the early phases of the disease; such as rigors or chills, alternating with hot flashes, febrile manifestations, night sweats, disturbed sleep, loss of appetite, and various other constitutional phenomena. After the pent-up fluids make their escape these unpleasant symptoms gradually disappear, and the patient may enjoy prolonged seasons of moderately good health. If the surgeon is called in the incipient stage of the disease (an occurrence which is far from being common) an abscess having formed near the anus, but with no fistulous pipes as yet clearly developed, the usual means for arresting inflammation should be employed. If there is distinct fluctuation it should at once be laid open, making an extensive incision, and insuring free drainage. The object now in view is to cause the cavity to close from the bottom with healthy granulations. To favor this, the cavity should be washed out daily with warm water or soap suds and swabbed with tr. iodine, a strong solution of carbolic acid, or something of similar nature. Steady compression when it is applicable will be of benefit. This course of treatment is said to be preventive of fistula, but it is often destined to fail. The result of a majority, perhaps, of such abscesses is a fistula, at first incomplete but generally terminating in the complete form.

In cases, then, of fistula of long standing it is to be assumed that a communication exists between the bowel and integument. First we must ascertain as precisely as possible the magnitude, direction and number of sinuses, and for this purpose the silver probe is the best instrument in use. The patient can usually inform the surgeon as to whether flatus or fecal matter have ever

escaped from the false passage. Owing to the extreme sensibility of the parts it may be difficult or impossible to follow the tortuous course without first reducing the patient to a state of anæthesia; then the probe, slightly bent, is to be introduced, and the parts carefully but thoroughly explored. The surgeon is not to be so rough as to force the probe through the walls of the sinus into the sound structures, nor yet so gentle as not to discover the various ramifications of the tube.

The process of cure among the best surgeons of the present day is that of incision. This consists in passing a grooved director through the external orifice of the fistula to a finger that is introduced into the rectum. If the internal orifice cannot be found the point of the grooved director is to be thrust through the coats of the rectum and with the aid of the finger is made to emerge at the anus. A knife is run along the groove and the fistulous track is laid open. A thorough exploration is now to be made with finger, and probe, seeking other sinuses. Should any be found they are to be incised and converted into open wounds. The internal orifice of a fistula is apt to be near the anus, so that in most cases only a part of the sphincter ani muscle has to be divided, and its function is only temporarily impaired. If it should be necessary to sever the whole of the muscle its function is suspended for a time, and whether it will ever regain sufficient power to completely close the bowel is a question. In dividing the muscle considerable hemorrhage may take place, requiring the use of styptics and a firm tampon of cotton.

One of the most important features in the treatment of incised fistula is to prevent the bridging of the channel with neoplastic bands and to make the wound heal from the bottom. This may be accomplished by keeping the wound open for a few days with lint, and then keeping the traumatic surfaces in a healthy state by the daily application of some gently stimulating medicament. It is not often that a fistula is incised when the opening into the bowel is above the sphincter muscle. In such cases it is better to make use of the ligature. The application of a ligature is accomplished by passing a probe threaded with a silk or hempen cord through the fistulous track into the bowel and out at the anus; the ends are tied together either loosely or over a piece of

sponge, or other expansive substance, to keep up a moderate and steady tension and it is allowed to remain until it has cut its way through. By this method, which is a very old one, there is no danger from hemorrhage and little or no danger to the sphincter muscle, as the healing process follows up the ligature as fast as it cuts its way through. The most unsatisfactory part of the ligature treatment is that some collateral pouches, which may be present, are apt to be overlooked, and the ligature work its way through, leaving behind an undiscovered sinus. Such an oversight would be productive of failure and perhaps leave the patient in a worse condition than before the operation was undertaken. Some of the older writers were in favor of the ligature for all cases and strongly opposed the cutting operation, declaring that it was barbarous and worse than useless; but the best operators of to-day find a place for both of these means, and perhaps the results are as good if not better than they were then. Patients suffering with fistula are usually in a debilitated condition and need constitutional treatment; indeed, in most cases it is impossible to bring about a cure without the prolonged use of such treatment. I will not attempt to enumerate the remedies which may be used to accomplish this for they are as varied as can well be imagined; but suffice it to say that tonics and alteratives, with proper hygienic measures, are the means usually adopted to acomplish this end.

A case which came to my notice, in October, 1882, is illustrative of this disease and the treatment which I generally employ. Mr. W., aged about 30, a member of the Boston Fire Dept., came to me complaining of great soreness in the right side of the nates. He could scarcely walk and was unable to sit down squarely. The only thing he could attribute the soreness to was a slight bruise received some two weeks previously, while working at a fire, by falling backwards and striking on the edge of a board. At this time there was a hard bunch about the size of a hen's egg between the right tuberosity of the ischium and the lower part of the rectum. I informed him that an abscess was forming, and advised him to keep quiet, and bathe and poultice the parts. Otherwise he was apparently in good health, and he ridiculed the idea of applying poultices to such a location and

would not do so. He kept round more or less without any treatment until the following August when he sent for me to visit him. I found him in bed suffering severe pain in the anal region. The abscess was larger and softer and the integument covering it was slightly reddened. I introduced a medium sized aspirating needle to a depth of about two inches and got pus; advised opening it and he consented. I made an incision one and a half inches long and liberated nearly a teacupful of fetid pus. At that time the thickness of healthy tissue between the cavity and integument was nearly an inch. I syringed the cavity with warm water and carbolic acid and left him until the following day. The wound was dressed about every day for the next three months with the hope of preventing a fistula, but I found it was one thing to talk about having it granulate and fill up from the bottom, and another to cause it to do so. The distance from the integument to the bottom of the cavity was over three inches. I made use of various remedies designed to promote the granulating process, such as carbolic acid, permanganate of potassa, sesquicarbonate of potassa, iodoform, and hydrastis, but they seemed to produce little or no effect except at the external opening. That would heal remarkably fast, but it did not seem to granulate any at the bottom. Pledgets of cotton in the opening accomplished nothing, for if they were tight enough to keep the parts open they acted as a tampon to the discharge.

In less than three months I had a splendid specimen of an external blind fistula. It consisted of a single sinus nearly straight, extending from the integument one and three-fourths inches from the anus to within one-fourth of an inch of the bowel, about three inches from the outlet. Having decided to operate by ligature, I called in Dr. P. E. Howes, who rendered me valuable aid. After placing the patient under an anæsthetic the parts were well explored with a probe; then a grooved director was passed to the bottom of the sinus and a silver probe, sharpened at the point for the occasion and threaded with a piece of hempen twine, was passed along the director to insure its reaching the bottom of the sinus and through the wall of the bowel. A finger pushed its full length into the rectum was not more than long enough to reach and turn the point. The needle was pushed through and

turned about half an inch at a time until the point appeared at the anus; then, with a strong pair of forceps, it was grasped and drawn through and both ends of the ligature tied. The ligature was kept in from Jan. 25th to May 25th, '83, at which time—it having worked its way down through the greater portion of the sphincter muscle—the ligature was removed and the remaining undivided portion laid open by means of the grooved director and scalpel. The parts were kept open and dressed every day for about three months, at the end of which time the patient was discharged apparently well. During the treatment with the ligature and after the parts were laid open the same stimulating applications that were made to the interior of the cavity were continued. The healing process progressed very slowly from beginning to end. The man appeared to be healthy at the time the trouble commenced and did not seem to need constitutional treatment, still during the whole course of the disease he took for longer or shorter periods the following remedies: acetate of potassa, iodide of potassium, syrup of the lacto-phosphate of lime, Fowler's solution, tincture of veratrum, phytolacca, and syrup osmunda comp. He was regular in all his habits, lived simply but as well as his means would allow, abstained from all alcoholic stimulants and took moderate exercise in the open air. His recovery though tedious was perfect, and he remains well to the present day.

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## SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

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### *MASSACHUSETTS ECLECTIC MEDICAL SOCIETY.*

The twenty-first annual meeting of the Massachusetts Eclectic Medical Society was held at the Revere House this city, June 4 and 5. Dr. A. L. Chase, of Randolph, the President, called the meeting to order at 10.45 on Thursday morning, and the society proceeded at once to the transaction of the usual routine business. The records of the last annual and semi-annual meetings were read, and approved as read.

Dr. C. E. Miles moved, and it was voted, that the President appoint a committee to nominate officers for the ensuing year, and he accordingly appointed Drs. Miles, Andrews, and Marston as that committee. Upon motion of P. E. Howes, M. D., it was

voted that the reading of the Treasurer's report be deferred until the following day. The committee on publication reported that they had attended to the duty devolving upon them, and had caused to be printed and distributed, as directed, the proceedings of the Society for the year 1884. Among those who presented credentials from other states were Drs. Alexander Wilder of New Jersey, and S. R. Wilcox of Vermont. Each in a few brief words expressed his pleasure at being present, and brought messages of good will from the sister societies.

The committee on nominations reported as follows: for President, J. P. Bills, of Hyde Park; for Vice-President, F. L. Gerald, of Laconia, N.H.; for Corresponding Secretary, D. L. Powe, of Falmouth; for Recording Secretary, P. E. Howes, of South Boston; for Treasurer, E. E. Spencer, of Cambridgeport; for Librarian, W. A. Perrins, of Boston; for Councillors, R. W. Geddes, of Winchendon, A. J. Marston, of Worcester, J. A. Taber, of Lawrence, B. H. Burrill, of Boston, and A. A. Gelineau, of Lowell; all of whom were duly elected.

On assuming the chair the president-elect in a few well chosen words thanked the society for the honor conferred and pledged himself to all its interests.

Dr. A. A. Gelineau of Lowell, presented a paper entitled "Chemistry of Medicine." Dr. A. J. Marston of Worcester, followed with one on "Stricture of the Urethra, and Urinary Fistulæ. He gave the details of several cases which had occurred in his practice together with treatment pursued, etc. Both papers were replete with interest and were discussed at some length, after which the society adjourned until 2 P. M., for dinner. On reassembling for the afternoon session Dr. J. S. Andrews of Taunton, read a portion of his paper upon "Cholera." It was very complete, was very interesting, and was listened to with marked attention by all present, eliciting a general discussion of the subject. Dr. A. L. Chase of Randolph, spoke at some length, and with much earnestness concerning the wisdom of founding a medical college in Boston, which led to the appointment of a committee to consider the matter, who should report on the following day. At half-past four the society adjourned until the following day.

SECOND DAY.

The attendance was very largely increased on Friday, although the weather was unpropitious, rain falling heavily throughout the day. The meeting was called to order at 10.45 A. M., by the president, Dr. J. P. Bills.

As a committee to nominate delegates to the National Conven-

tion to be held at Altoona, Penn., on the 17th, 18th, and 19th, of June, Drs. Johnson, N. Jewett, and Dickens, were appointed.

At the request of the society, Dr. J. S. Andrews then resumed the reading of his paper on "Cholera", which had been laid over from the preceding day. Much careful thought and time had evidently been spent in its preparation.

The committee on college, consisting of Drs. Chase, Geddes, Newton, Miles, and Marston, reported that while they believed it was for the best interests of eclecticism in Massachusetts that a college should be started as speedily as possible, yet they would ask further time to consider the matter, and would offer the following resolution, which was unanimously adopted:

*Resolved*, That it is the opinion of the Massachusetts Eclectic Medical Society that the Medical College of Worcester, should at the earliest practicable date, resume its annual active work.

Dr. C. E. Miles presented the following resolution and asked that it be adopted:

"Having learned with profound regret that Seth C. Ames, M. D., a charter member and ex-president of the Massachusetts Eclectic Medical Society, has been stricken with a malady, that despite medical skill has permanently deprived him of his vision,

We the members of that society assembled at its twenty-fifth annual meeting, do hereby convey to him our high esteem for him as a gentleman and fellow of our society, and representative practitioner of eclecticism in medicine. We do also assure him of our deep sorrow for his affliction; of our heart-felt sympathy; and of our earnest wishes, and devout prayers, that the highest fruition that can come from human hands and hearts, and an abiding trust in the Divine Father, may sustain and cheer him all the future of his life."

This was adopted by a unanimous vote, and ordered, after being engrossed in a suitable manner, signed and countersigned by the president and secretary, to be presented to Dr. Ames.

The Treasurer made his annual report which was accepted. He deplored the fact that a large number of the members were in arrears for dues, and hoped that some action might be taken concerning the matter. It was voted that a committee of three, of which the treasurer should be one, should be appointed, who should have full power to act in all matters pertaining to the pecuniary affairs of the society. Drs. C. E. Miles and H. G. Newton were appointed to act on said committee.

It was then voted that Dr. Frank H. Kelly of Worcester, be discharged upon payment of the accumulated annual dues amounting to twenty-five dollars.

Dr. C. E. Miles, of Boston, presented a highly instructive

and interesting paper upon "Tumors of the Female Urethra," which was filled with facts, concerning the difficulties arising therefrom, and the result of treatment. He cited a number of illustrative cases gleaned from his own practice. (The paper appears in full elsewhere).

The following gentlemen were appointed delegates to the National Convention: Drs. H. G. Newton, R. W. Geddes, J. A. Taber, N. Jewett, C. E. Miles, Milbrry Green, H. H. Brigham, Pitts E. Howes, J. T. Johnson, A. Jewett, E. E. Spencer, R. A. Reid, G. H. Merkel, A. W. Forbush, John Perrins.

The hour appointed having arrived, the President called upon the orator of the day, Dr. G. H. Merkel, for the annual address. He responded by presenting a very able paper upon the subject of "New Things in Medicine." It was listened to with much interest, and a copy requested for publication. The society then adjourned for dinner.

Dr. J. D. Young officiated as anniversary chairman and a number of toasts were given, and responded to, some of them in a very felicitous manner.

The society reconvened at 4.30 P. M., and on motion of Dr. E. E. Spencer, the following resolution was unanimonsly adopted:

*Resolved*, That there is nothing in the constitution of the Massachusetts Eclectic Medical Society precluding women from membership. The society adjourned at five o'clock. Considering the weather, the attendance was remarkably good, and an unusual degree of interest manifested throughout.

PITTS E. HOWES, *Sec.*

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## *THE CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.*

THE Thirtieth Annual Meeting of the Connecticut Eclectic Medical Association was held at the United States Hotel, Hartford, May 12 and 13. The chair of the late recording secretary, N. D. Hodgkins, was vacant and draped in mourning. S. B. Munn, M. D., of Waterbury, read resolutions of regret at the death of Dr. Hodgkins, which were adopted and ordered sent to his family.

Several papers of more than usual iuterest were read, among them one by Dr. F. H. Williams, of Bristol, on Strangulated Hernia. Dr. S. B. Munn read a paper on the Circulation of the Blood. Dr. Luddington, of New Britain, one on Diphtheria, which was followed by one by Dr. Gallup, of Columbia, on Animal Food as a Cause of Rheumatism. The papers were earnestly and ably discussed by all of the members.

Five new members were elected. The society is in a flourishing condition and is making itself a power for good with all liberal physicians. The election of officers resulted in the choice of George Andrews, M.D., of New Haven, for president; for vice-president, C. N. Gallup, M.D., Columbia; treasurer, Le-Roy A. Smith, M.D., Higganum; recording secretary, J. D. S. Smith, Bridgeport; corresponding secretary, Elizabeth G. Smith, M.D., Bridgeport. The retiring president then delivered his address.

The president was authorized to notify members of the society to have in readiness papers for the Semi-Annual, which will be held in Hartford, at the United States Hotel, on the second Tuesday of October next. The meeting adjourned with general good feeling at what can certainly be called one of the most interesting of all the meetings of the association.

J. D. S. Smith, *Rec. Sec.*

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## *THE NATIONAL ECLECTIC MEDICAL ASSOCIATION.*

The National Eclectic Medical Association met, pursuant to call, at Altoona, Penn., on Wednesday, June 17, 1885. Dr. H. K. Stratford, of Chicago, called the meeting to order, and Rev. Mr. Curley, Lutheran, offered prayer. Mayor Mann welcomed the Association to the city, and was answered by Pres. Stratford.

The committee on credentials was announced: Drs. Covert of Wisconsin, Durham of Georgia, Martin of Maine, Woodward of Pennsylvania, and Williams of Alabama.

The following committee on grievances was appointed: Drs. S. B. Munn, J. C. Butcher, L. T. Beam, L. P. O'Neal, J. R. Borland.

The roll of States was called, and credentials were received from State and local societies. The societies of California, Texas, Missouri, Arkansas, Tennessee, Kentucky, Michigan, Vermont, New Hampshire, Massachusetts and New Jersey failed to submit credentials.

The President delivered his annual address.

The committee on credentials reported favorably the various names submitted to them, except several from Iowa, against whom exceptions were filed. These were afterwards reported favorably and elected.

In the afternoon the treasurer's report was presented. The association has done much work—having printed and circulated over 9,000 copies of Prof. King's Address against Medical Statutes, and 500 copies of *Transactions*, 560 pages. The expendi-

tures were about $975, of which sum $675 were still due. The receipts, however, have considerably reduced this amount.

The reports on Status of Eclectic Medicine in the several States were read, and indicated a marked improvement in prospects. The general sentiment was that of determined resistance to encroaching legislation, and gratification over the defeat of medical bills.

Amendments to the by-laws now pending, were considered and adopted to the following effect:

1. Requiring credentials of delegates from State and local societies to give their academic rank, and the time during which they have been engaged in the practice of medicine.
2. Creating a Retired List, to be made up of veteran members of fourteen years' standing.
3. Requiring members of the National Association to maintain active connection in State or local societies.
4. Authorizing the secretary to withhold the *Transactions* from members whose address is not known to him.
5. Providing penalties for commending proprietary medicines.

The Section work was never so well transacted. The papers contributed were numerous and well prepared; they were very generally read and discussed. The chairmen and secretaries appeared to be thoroughly awake to the duties of their positions, and their work speaks eloquently in their praise. This fact shows that the association is a most potent factor in the maintainance and advancement of the eclectic school. The literature of the profession will gain handsomely through the sessions at Altoona, and Vol. XIII of *Transactions* will exceed all previous volumes. Dr. Durham, of Atlanta, Georgia, acted as chairman of Section A—on Hygiene, State Medicine, etc.—and Dr. H. B. Piper served as secretary. Some twelve papers were submitted and mostly read by title. Dr. Howe gave the details of two cases of puerperal mania, which were duly discussed. At the close the section was dissolved, and its officers reported the proceedings to the Association.

The report of the Committee on Credentials indicated a large addition to the membership. The delegates sent by the Iowa Medical Association caused the most heated controversy; the animosity of the two college factions exhibiting itself in language at once unparliamentary, discourteous and not free from deserving severe blame. In the end, however, every delegate from that State was admitted, though many items of red tape were put in requisition.

The secretary read letters from Drs. John King, E. Younkin, and others, apologizing for absence. Dr. Charles Bond, of Nebraska, apologized with a draft for $100.

Dr. Richards, of Kansas, suggested that the association should place a stone in the Washington Monument, as the American Association had done. Dr. Piper raised the point of order that this would be unprofessional advertising, which was forbidden in the by-laws.

No evening session was held. This enabled the secretary—who was prostrated by the unusual fatigue of the day—to recover from utter exhaustion.

The business of the second day was transacted with unusual advantage and energy. Dr. Munn reported the plan of an organization of an Eclectic Mutual Aid Society, to be constituted of eclectic physicians, and to operate under the auspices of the National Association. Dr. Howe introduced a resolution, which was adopted, fixing the length of papers in the *Transactions* at fifteen pages, small pica; the expense of printing in excess of that number to be defrayed by the writer.

The Iowa College embroglio was disposed of by the adoption of the following report from the committee on colleges:

"Whereas, the National Eclectic Medical Association at its fourteenth annual meeting adopted a resolution as follows:

"*Resolved*, That the King Medical College of Iowa and the Medical Department of Drake University remain on probation for the coming year, to the end that if a favorable record shall be produced of either at the meeting of the National Association in 1885, it shall be recognised as in good standing with other colleges of the eclectic school of practice; and

"Whereas, the two above-named colleges, by respective representatives, did appear before your Committee on Colleges, each against the other, and offered sufficient evidence to your committee to convince us that neither college has made a sufficient showing to entitle it to recognition; therefore be it

"*Resolved*, That this association does not at this time give recognition to either college.

(Signed) L. C. Russell, M.D., *Chairman*, N. R. Martin, M.D., J. M. Mulholland, M.D., L. T. Beam, M.D., J. G. Bemis, M.D."

The association intermitted its session, and Section B was now organized; Dr. Wilson H. Davis, of Chicago, being chairman, and Dr. John C. Butcher acting as secretary. Materia Medica, the Practice of Medicine, and Medical Chemistry were included in the province of this section. The eclectic school has won its richest laurels in this department and virtually given law to medical practice in this country. The section after having read several papers, arose and reported progress.

The president laid the following memorial before the association:

# Cocaine Hydrochlorate

(MURIATE OF COCAINE.)

AND

# COCAINE HYDROBROMATE

PURE IN CRYSTALS.

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THE CRYSTALLINE FORM THE BEST GUARANTEE OF PURITY.

The extraordinary demand for the muriate of cocaine has flooded the market with a crude product, hastily prepared, and having no appearance, even under the microscope, of crystalline structure. None of it has been free from a tinge of color, and it produces a solution more or less colored.

Some of the European manufacturers have supplied a pure article, which is not only wholly free from color, but possesses a distinct crystalline structure. The price of this crystallized article has been held firmly at a higher figure than that of the amorphous salt, which, obviously, does not bear in its form the guarantee of its purity.

CRYSTALLIZED MURIATE OF COCAINE.

We have been the first among American manufacturers to produce a crystallized muriate of cocaine, and WE INVITE COMPARISON OF OUR PRODUCT WITH THAT OF ANY FOREIGN OR HOME MANUFACTURER.

We find that the crude amorphous salt, with which the market is now largely supplied, yields only 80 to 85 per cent. of its weight of crystals. The remainder consists of a mixture of alkaloidal salts, the most important constituent being apparently a compound closely related to cocaine, and every possibly isomeric with it, but having a much lower fusing point, and assuming the crystalline form with difficulty, if at all. It is clear, therefore, that the colorphous salt is not equal in value to the crystalline, which latter is the only form in which we offer the salt itself.

COCAINE HYDROBROMATE VS. COCAINE MURIATE.

Of all the salts of cocaine the crystallized muriate is that which hitherto have given the most complete satisfaction; it is likely, however, to find a formidable rival in the CRYSTALLIZED HYDROBROMATE OF COCAINE, which we also manufacture, and to which we desire to call the attention of physicians. Those who have used this salt declare that its effects are more powerful and more promptly produced than those of the muriate

While, therefore, we would especially commend to our medical friends these crystallized salts of cocaine in substance, we shall be pleased to supply to those who still prefer to use the drug in this form solutions of these salts, which are prepared with the greatest care, of the strength stated below.

We offer the following preparations of cocaine and shall be pleased to furnish on application prices and any desired information regarding their use:

**Cocaine Alkaloid,** (Pure in crystals).
**Cocaine Citrate,** 4 per cent. solution.
**Cocaine Hydrobromate,** (pure in crystals).
**Cocaine Muriate,** (pure in crystals).
**Cocaine Muriate,** 2 per cent. solution.
**Cocaine Muriate,** 4 per cent. solusion.
**Cocaine Oleate,** (containing 5 per cent. of the alkaloid).
**Cocaine Salicylate,** 4 per cent. solution.

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WE DESIRE to direct the attention of the medical profession to a new line of antiseptic and disinfectant preparations which we have recently issued and which embody the latest results of scientific research, particularly those reached by the Committee of the American Public Health Association. We have followed closely the suggestions of this committee, to whose courtesy in furnishing us information and material aid, we stand under obligation. The materials entering into these preparations have long ranked as the most effective disinfecting agents, and the point of superiority claimed for the compounds here presented, lies in the fact, that the ingredients thereof exist in the proportions best calculated to secure the combined effects.

1. ANTISEPTIC LIQUID.—A colorless solution, free from disagreeable odor. It does not stain the most delicate fabrics. It is an efficient antiseptic and deodorizer, especially adapted to use about the house. Its constituents are the chlorides of zinc, aluminium, magnesium, calcium, and sodium, with oil of eucalyptus and oil of wintergreen (methyl salicylate). Put up in quart bottles

2. ANTISEPTIC POWDER.—For use in privy vaults, drains, damp cellars, out houses, etc. Its active constituents are ferrous sulphate (copperas), sodium and magnesium chlorides, carbolic acid, and oil of eucalyptus. Put upin 1 lb. packages.

3. ANTISEPTIC TABLETS.—The tablets consist of a porous insoluble base charged with aluminium and zinc sulphates, carbolic acid, and oil of eucalyptus. These are for use especially in urinals, drains and other places where a moderate continuous action is desired. Put up in boxes containing 6 tablets each.

4. DISINFECTANT TABLETS.—Similar to the preceding, but smaller in size, and containing the powerful disinfectant agents, mecuric chlorides, potassium permanganate, and zinc sulphate. For use especially in disinfecting discharges from cholera patients, the clothing, etc., of patients who have had scarlet fever or other contagious diseases. Put up in boxes containing 6 tablets each.

5. DISINFECTANT POWDER.—For the disinfection of privy vaults, and of the excreta in the sick room, during the prevalence of epidemics of cholera, yellow fever, typhoid fever, diphtheria, etc. Constituents, chloride of lime, mercuric chloride, and calcium sulphate. Put up in packages containing 1 lb and ten lbs, respectively.

6. CONCENTRATED DISINFECTANT SOLUTION FOR CLOTHING (Blue Solution).—One ounce of this solution added to a gallon of pure water will produce a solution suitable for the disinfecting of clothing; also for washing the hands of attendants in the sick room, etc. The active constituent is corrosive sublimate. Put up in quart bottles.

7 CONCENTRATED DISINFECTANT SOLUTION FOR EXCRETA (Red Solution).—One ounce of this solution added to a pint of pure water will produce an active disinfectant fluid for treating discharges from cholera patients, for use in privy vaults during epidemics of infectious diseases, for disinfecting hospital wards, vessels in quarantine, etc. Put up in quart bottles.

8 LABARRAQUE'S SOLUTION (*Solution Chlorinated Soda, U. S. P.*)—A powerful oxidizing disinfectant, and bleaching agent, capable of evolving chlorine, which attacks the foul gasses that result from putrefaction. Put up in quart bottles.

9. SULPHUR PASTILLES.—To be burned in place of crude brimstone to produce sulphurous acid gas. Put up in three sizes; in boxes containing 1 dozen small pastilles each; in boxes containing 1-2 dozen of the medium size each; and in bricks which contain 1 pound of sulphur each.

For the use of Boards of Health, Sanitary Committees, Public Institutions, Hotels and other large consumers we sell any of the above preparations in bulk. In sending for prices please state amounts of each required.

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## PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

"ALTOONA, PENN., June 17, 1885.

"To the officers and members of the National Eclectic Medical Association:

"GENTLEMEN: Some two years ago Dr. James H. Hole, of Salem, Ohio, was expelled from your body for alleged unprofessional conduct. Dr. Hole has always felt aggrieved and desires that his case be reconsidered, in which your petitioners join. We therefore ask that the matter be referred to the committee on grievances to hear the evidence in his case, for and against; and that the findings be submitted to this meeting.

J. R. STEWART, M.D., Ohio.
J. D. REID, M.D., Iowa."

The paper was accordingly so referred, and the committee retired, after calling for all persons concerned to appear before them.

Section C, embracing Obstetrics, Gynæcology and Genito-Urinary Diseases was formed; Dr. Milton Jay, of Chicago, chairman, and Dr. Bennett, of Iowa, secretary. Ably prepared papers were presented and read before the section. The one on Urethral Tumors, by Dr. C. E. Miles, of Boston, elicited an earnest discussion. Dr. McFatrich, of Chicago, exhibited the body of a fetus that he had removed from the body of a woman, thirteen years after its discovery. The committee rose and reported their work.

The Committee on Grievances reported as follows: We respectfully recommend that Dr. Hole be reinstated to full membership and restored to all his rights and privileges in this association, on condition of paying all dues accruing.

(Signed) S. B. Munn, J. C. Butcher, L. T. Beam, W. M. Durham, J. R. Borland.

The report was accepted, and its action duly adopted—no one dissenting.

Section D, on Surgery, was now organized; Dr. L. C. Russell, chairman, and Dr. J. B. McFatrich acting as secretary. Dr. Howe read a paper on Surgical Progress, after which the committee rose and reported to the association.

At the evening session a motion was adopted, offered by Dr. Wilder, reconsidering the vote of 1884—accepting the resignation of Dr. Gunn. The subject was then indefinitely postponed.

The report on the Eclectic Mutual Aid Society was taken up and adopted. The association then adjourned till morning.

The Eclectic Mutual Aid Society was then organized by the election of the following officers: president, S. B. Munn; vice-president, H. B. Piper; secretary, Alexander Wilder; treasurer, L. E. Russell; medical examiner, Milton Jay.

The session of Friday began under less propitious circumstances. The action in relation to Drs. Gunn and Hole was rescinded, and the debate exceeded every reasonable limit of parliamentary propriety. The case of Dr. Hole was proposed to be again referred to the committee on credentials; but Dr. Hole, after hearing the discussion, declined any further action in his behalf.

Dr. Howe offered a series of resolutions in regard to medical legislation:

*Resolved*, That the members of the National Eclectic Medical Association are opposed to partisan legislation having in view the regulation of medical practice.

*Resolved*, That they are in favor of "Boards of Health," organized for the good of the people, and not empowered to act prejudicially to any class of physicians.

*Resolved*, That we encourage testing the constitutionality of laws already enacted in several States, giving authority to organize health officials who discriminate against the professional interests of eclectic practitioners.

Adopted unanimously by a rising vote. The following despatch was read amid tumultuous cheering:

"Boston, Mass., June 18th, 1885. Tell the association that medical despotism is defeated almost unanimously in the legislature. Grass upon Bunker Hill grows greener to-day because liberty still lives triumphant in Massachusetts.

HORATIO G. NEWTON, M.D."

Section B now concluded its work and duly reported. Section C reported without a session.

The electoral committee made choice of the following officers: President, Henry B. Piper, M. D., of Pennsylvania; Vice-Presidents, J. W. R. Williams, M.D., of Alabama; George Covert, M.D., of Wisconsin; and Elizabeth G. Smith, M. D., of Connecticut; Secretary, Alexander Wilder, of New Jersey; Treasurer, James Anton, of Ohio.

Place of meeting in 1886, Atlanta, Georgia.

## SELECTIONS.

### *A NEW TREATMENT OF THE ALCOHOL HABIT.*

THE treatment of acute alcoholism is generally successful; but, except in a very few cases, the patient relapses into inebriety and dies a drunkard.

The disease, however, is not incurable. The causes of relapse are: 1, previous disease which led to drink; 2, overwork, especially when combined with illness; 3, gastric catarrh, due

to alcohol; 4, catarrh of the mouth, due to the same cause; 5, depression consequent on withdrawal of the stimulant.

In the first and second classes the recognition of the cause affords the indication for treatment.

In the third class the remedies recommended are hot water with soda before meals; oxide of silver, oxide of zinc, or bismuth, following; and minute doses of ipecacuanha to restore the secretion of the digestive glands.

In the fourth and fifth classes the use of coca is recommended in the form of a masticatory, to obtain the local effect on the mouth, as well as the constitutional effect, in relieving the depression. The object is to substitute for the alcohol habit the harmless habit of chewing coca.

The food should be carefully regulated, and should at first consist of raw oysters, or beef with capsicum and vinegar, pickled tripe, or pigs' feet.

If the patient has passed the point when he still desires to be cured, and is unwilling to make an effort, he should be put under restraint, preferably in an institution where he could be compelled to earn his livelihood, instead of spending his time in enervating idleness.—*Medical Record.*

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## *METHYL CHLORIDE AS A LOCAL ANÆSTHETIC.*

M. Tenneson has, in thirty-one cases, tested methyl chloride as a local anæsthetic. In ten cases of sciatica, the spray of chloride of methyl produced immediate and uninterrupted relief. In seven cases the cure continued during a period which varied from seven days to three months. Twice it was necessary to make a fresh application, and the cure was then perfect. A patient who was unable to work, and had suffered for twenty-nine months, was completely relieved, except from the pain in the heel. Several fresh applications were made, and the pain eventually disappeared. Nine out of eleven cases of muscular rheumatism were successfully treated. The pain disappeared, but muscular contraction remained. Articular rheumatism, acute and subacute, was relieved by methyl chloride; also nodular rhematism, and chronic rheumatism of the knee, contusion of the shoulder, stitches in the side, cases of pleurisy, tuberculosis, and pneumonia. The pneumonia was cured without any ill effects from the application of methyl chloride. Five or six seconds are sufficient; if the application be prolonged, erythema, hyperæsthesia, blisters, and superficial eschars may result. The spray should be directed obliquely, not allowed to fall perpen-

dicularly on the cutaneous surface. After the first application, there may be ecchymosis of the skin. With female patients the application should last less than five or six seconds.—*British Medical Journal.*

## *DYER'S SPECIAL CREAM BRAND.*

It is an established fact that the most *natural*, the most perfect, substitute for mother's milk, is *milk again*, particularly cow's milk *properly diluted* and sweetened with sugar of milk. Cow's milk in its ordinary state, however, is not properly reliable and digestible for either infants or invalids. But by the new process employed in the preparation of *Dyer's Special Cream Brand*, the milk is converted into the most digestible and nourishing of foods. In fact, in digestion it undergoes precisely the same changes as mother's milk; does not curd like cow's milk and cannot cause flatulency. This preparation keeps for years in any climate yet contains no cane sugar or other addition.

## *THE ABUSE OF MORPHIÆ IN MENSTRUAL SUFFERING.*

Many ladies afflicted with uterine disease suffer but little inconvenience from the local changes throughout the inter-menstrual period; hence attention is not directed to these conditions; medical advice is not sought and it is only in the intense suffering which precedes or accompanies the flow that the physician is called. All the usual hot applications, external and internal, have probably been tried; he must do something, and by an hypodermic injection, or a dose of morphine, quiets his patient and leaves her satisfied that he has succeeded. She is satisfied because her sufferings are relieved, and the physician is equally satisfied that he has effectually accomplished what he was summoned to do; he has relieved the pain; but this recurs month after month; the local disease, uterine or ovarian, is not improved; on the contrary, most probably grows slowly worse, so that the nervous system of the patient, often the stomach, suffers from the constantly increased doses of morphine.

Unfortunately the same treatment is but too often resorted to by the specialist, when, after months of treatment, the same menstrual suffering recurs. At first he uses it merely to afford temporary relief; but should the desired improvement not follow, after all possible means have been tried, he again and again administers the same dose, and the same unfortunate result to the patient follows. Digestion is impaired, the nervous system

shattered, and the mind finally suffers. Those who object to the use of morphine or opium under the circumstances, give whiskey, and the unfortunate patients take glass after glass, until their sensibilities are dulled and the pain at least becomes bearable. The stomach often suffers so that the patient barely has time to rally when she must again pass through the same ordeal.

We would not for a moment deny the propriety of relieving excessive suffering for the time being, or of administering the drug in those cases when it may have a curative effect, but it must be given only if the physician is for the first time confronted with a patient in the agony of the menstrual suffering, when he is unacquainted with the case, when he must act at once and other treatment is out of the question; or if the menstrual period should appear, in consequence of a cold or over-exertion, with unusual severity; but when it has passed, treatment must be inaugurated so as to prevent the recurrence of such suffering.—*American Medical Digest.*

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## *TRYPSIN AS A SOLVENT OF DIPHTHERITIC MEMBRANE.*

Probably the large majority of physicians who have tried solvent sprays for the destruction of diphtheritic membrane, particularly as it occurs in the larynx and trachea, have become skeptical as to their utility. A solution that is strong enough to exert a marked chemical activity in disintegrating false membrane is too irritating to be of practical utility. While it is not supposed that diphtheria is cured by getting rid of the membrane, if it can only, even partially, be destroyed as quickly as it forms, we not only remove great danger from septic infection, but, in case of croup, may stave off the fearful death by strangulation until the violence of the disease begins to abate, and the membrane ceases to form in the larynx. A physiological agent, by its inherent vitality, can do quickly and without harm the work that a chemical agent can accomplish only by a destruction that cannot be practically limited or controlled. The physiological, as distinguished from the chemical method, is then to be preferred in dealing with false membranes. The history of a case is given in which a girl of three years and seven months was tracheotomized for diphtheritic croup. After the operation the breathing became easy, but in a day or so the membrane descended below the tube and the child was again threatened by death from suffocation. At this time some extract of pancreas was mixed with water and by means of a hand-atomizer sprayed through the tracheotomy-tube. The breathing after a while

became easier and the spraying was continued, until in several hours the dyspnea had much subsided. Death took place from blood poisoning, and at the autopsy a membrane was found to have extended into the bronchial tubes of the second order. Below the epiglottis, however, the membrane was pretty well disintegrated. The doctor then had a solution of trypsin made up, and in a series of experiments compared its activity upon pseudo-membrane with that of the ordinary alkaline sprays, when it was found to exert a much quicker influence. Professor W. Kuhne, of Heidelberg, was the first to elaborate the ferment trypsin from the pancreas, but he only used it for histological demonstrations. Dr. Van Syckel, of New York, prepared some trypsin some months ago, and used it in a case of false membrane on the tonsils, with favorable results. Before definite conclusions in therapeutics can be reached, many observations by different observers are necessary, and trypsin certainly merits a trial to determine its exact practical value.—*Medical Record.*—*Archives of Pediatrics.*

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## *ON CARDIAC WEAKNESS.*

The functional disorders of the heart presenting themselves so frequently and in so varied expressions to the practitioner are not infrequently a severe tax upon his diagnostic acumen and his capacity to afford relief.

Aside from the cardiac depression resulting as an expression of sympathy from some existing pathological condition in the system, or some definite organic lesion, there is a functional weakness of the heart, due to faulty innervation of that organ. Dr. Seeligmuller, of Halle, speaking before the last meeting of German physicians in Madgeburg, held that this form of cardiac weakness could always be traced to two causes, viz., habitual sexual excitement without corresponding satisfaction, and continued intense brain-work with insufficient allowance of sleep.

In the more definitely developed cases we find general weakness, excitement, and palpitation of the heart, pains in the epigastric region, profound reaction after even moderate physical or mental exercise, deepening occasionally almost into coma, persistent insomnia, hypochondriacal depression, failing nutrition in spite of good appetite, pallor, and slight cyanosis of the extremities and naso-labial region, and occasional formication in hands and feet. If we examine the heart at different times of the day we can always note the weakness of the apex-beat and the heart-sounds, and the smallness of the pulse. The state of inanition is most favorable to present all symptoms of cardiac weakness.

After rising, such patients usually have a pulse of about 40, after breakfast of about 50, and do not obtain a pulse of 60 before taking some wine or eating some meat. The normal frequency of the pulse is scarcely ever or only transiently reached. In very pronounced cases we meet with steno-cardiac paroxysms. Next to this persistent extreme cardiac weakness there is a mild, intermittent form often connected with great excitability of the heart (irritable weakness). Every excitement causes palpitation, tea or coffee insomnia, in these patients. It is difficult to decide in the single cases whether the seat of the neurosis be in the pneumogastric or sympathetic nerves or in the medulla oblongata. Intense mental impressions, no matter whether of a pleasant or unpleasant nature, tend to aggravate the existing evil. Persisting pains, neuralgia in especial, and traumatic accidents, cause likewise a frequent aggravation of the affection. Women having passed through confinements often complain of this ailment, possibly on account of the concentration of the blood in the abdomen. Improvement is generally obtainable in these cases by the wearing of a suitable abdominal bandage. In persons of an advanced age abnormal dilatation of veins in the lower extremities often leads to cardiac weakness.

The therapeutical measures to be employed are chiefly related to proper physical exercise, regulation of diet, and change of air. A sufficient allowance of sleep, especially before midnight, is to be insisted upon, and resting during daytime, even if sleep is not obtainable, is to be recommended. All violent physical strains are to be strictly avoided, while methodical, moderate gymnastical exercises, especially walking, are salutary. Forced cold-water cures are injurious, while warm baths, taken several times a week, are indicated. The diet ought to be strengthening and abundant. Coffee, tea, alcoholic stimulants, and tobacco are to be entirely avoided. A prolonged stay at the sea-shore or in the mountains has often proved a beneficent measure. The thermo-baths of Gastein enjoy an especial reputation for this affection.—*Therapeutic Gazette.*

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## *ORCHITIS PRODUCED BY STRAIN: ATROPHY OF THE TESTICLE.*

Dr. Feuillon reports an interesting case of orchitis produced by strain, and followed by atrophy of the testicle.

The patient, a man, aged 45 years, married, healthy, denied ever having had any venereal disease, and that previous to the injury related below, both testicles were normally situated in the scrotum.

Two months previous to his entrance into the hospital, while attempting to lift a bar of iron, he suddenly experienced pain in the left testicle, so severe that he fainted. No direct blow was received, nor, indeed, was there any trace of violence.

The patient affirmed that he then found the testicle drawn up into the left groin. It was very painful, and at the same time affected the corresponding side and abdominal region. Vomiting, obstinate constipation, and swelling, were also experienced for a measurable period. These symptoms finally abated, but the testicle remained fixed and painful in its new position. After three weeks the pain in a great measure disappeared, but at once returned when the patient attempted to rise from his couch. In this condition he came to the hospital. The testicle was found firmly fixed at the external inguinal ring; it was atrophied and reduced to about one-fifth of its normal size. All efforts to release it were ineffectual, and while the least manipulation caused extreme pain, the patient also suffered from all the symptoms of ilio-lumbar neuralgia. This condition having been persistent for three months, castration was decided upon as the only means of relief. The tunica vaginalis was found adherent to the adjoining tissues by fibrous bands, and a portion of the epididymis had disappeared within the inguinal canal.

The operation was concluded without difficulty, and the patient made rapid recovery, being able to walk without difficulty in less than four weeks. Examination of the testicle showed an almost complete destruction of the tubules of the testicle, which were encroached upon by dense peripheral fibrous tissue. The epididymis likewise had completely lost its normal structural peculiarities, and was composed almost entirely of cicatrical tissue.

The possibility of the occurrence of this accident in the manner related has been questioned, but the present case removes all doubt on the subject. Retraction of the testicles from other causes has been previously noticed by other writers, among whom are Kocher and Lewin, to whose papers the report of M. Feuillon makes an interesting addition.—*Medical News.*

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## *THE TREATMENT OF WHOOPING COUGH.*

The treatment of this disease should be of two characters, one of which is addressed to the catarrhal and the other to the nervous element. Considering the bacterial nature of the disease, antiseptics form one necessary class of agents for treatment. Oxygen in the form of an abundance of pure air is always indicated. The sick-room should be kept at an uniform tempera-

ture and the air moistened with spray, either of simple steam vapor of lime, of carbolic acid, corrosive sublimate, listerine (We find listerine especially useful.—Editor of JOURNAL), muriate of ammonia, or cocaine. Thymol, eucalyptus, or quinine, may also be used in this form.

The inhalation of a few drops of ether or chloroform is recommended when the paroxysms are violent. Of emetics, alum is thought to be the best, a quarter or half a teaspoonful being given with syrup or honey, and repeated, if necessary. In the meantime the child may be placed upon its stomach, with the head lowered. Of nervous sedatives, belladonna is the best for this trouble, and may be given in suitable doses of the tincture, or in the form of the sulphate of atropia, $\frac{1}{200}$ of a grain at a time, increased until the pupils are dilated. The bromides of sodium, ammonium, or potassium may also be given, and in many cases chloral is very useful. Of the latter, for a child one year old, two grains may be given at bed time. Of quinine, a grain may be given several times during the day with good effect. The foregoing list may be increased by the addition of pilocarpine, benzoate of sodium, salicylic acid, sulphur, cantharides, soda, etc. Counter-irritation is an important measure, a mixture of croton oil, oil of amber, and oil of cloves, mixed with sweet oil, and rubbed upon the neck or chest, being recommended. The bowels should be kept freely open, heat applied over the lungs if they appear to be implicated, and a nourishing diet with a suitable quantity of stimulants administered.—*Arch. of Pediatrics.*

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## *THE NURSING BOTTLE AND THE ÆSTHETIC FACULTY.*

WHATEVER theory of æsthetics may be accepted, from Plato's to that of Oscar Wilde, many believe that the love of the beautiful has greatly lessened. In our day not even the eloquent utterances of Ruskin, calling on men to worship the beautiful in nature and in art, have had enough power to make æsthetic culture general. A few years ago Oscar Wilde believed he too had a mission, but though he invoked men and women in poetry and prose, from the press and from the platform, his words were as the voice of one crying in the wilderness; the human race moved steadily on, trampling under foot all flowers in its persistent pursuit of the utilities, though a big helianthus was waved before them in passionate remonstrance. Disappointment seems to have struck the oracular Oscar dumb, he is as silent as the grave, and no one has come to take his place, while the average man and woman plod on in life, giving more attention to justice

and truth, or at least to bread and butter, than they do to beauty.

The real difficulty in the work of the reformers, the reason they have not succeeded in reviving æsthetic love, is that they have not understood the cause of its decline. Physicians are wise enough to cure disease by removing its cause, when they can, and æsthetic missionaries must adopt a like plan. We must know the source of the love of the beautiful, the fountain of the æsthetic faculty, and see whether the evil so greatly mourned does not originate there. This fountain is woman's mammary gland; if women had no breasts, there would be no love of the beautiful possible for the human race. The Amazons, those unhappy creatures who took off one of their breasts, became celebrated as athletes, but not as æsthetes.

That the female breast is beautiful we might prove by showing that it has the chief characteristics, such as its lines, color, and smoothness, which Plato indicated in *Philenus*, as essential to beauty. But this is unnecessary, and we prefer at once explaining its connection with the æsthetic faculty, which can be best done by quoting from Darwin's *Zoonomia*. Erasmus Darwin in this work, which in some respects is as remarkable as any of the productions of his illustrious grandson, Charles Darwin, tells us that soon after a babe "is born into this cold world it is applied to its mother's warm bosom, . . . . which the infant embraces with its hands, presses with its lips and watches with its eyes, and thus acquires accurate ideas of its form. Its pleasure at length becomes associated with its form. And hence in our maturer years when any object is presented to us, which by its waving or spiral lines bears any similitude to this form—whether it be found in a landscape with soft gradations of rising and descending surface, or in the form of some antique vases, or in the works of pencil or chisel—we feel a generous glow of delight."

Accepting Darwin's theory of the origin of the æsthetic faculty, it is self-evident that those infants who are brought up artificially, "by hand" instead of by breast, must be deficient in this faculty. In short, the use of the nursing-bottle is the cause of the decline in the appreciation of beauty.

Now we are safe in saying that a large proportion, probably not less than one-third, of babies in the so-called enlightened countries depend the first six months of their lives exclusively or partially upon "nursing-bottles." Hence entire absence of the æsthetic faculty in some, and a very imperfect condition of it in others.

Those who love the beautiful, and who mourn its decline, must seek the remedy for the latter by encouraging maternal lactation, and banishing the nursing-bottle, when there will be hope that

the coming race will attain the poetic ideal in this regard. In an age when so much is accomplished by voluntary organizations, such as for the promotion of charity, the suppression of vice, etc., there might be a society for the promotion of this object. As women do not nurse because they can not, their breasts not being sufficiently developed, or because they will not, this society would have its work divided into two great sections—one devoting itself to the culture of the moral sentiment which will compel a mother to nurse her infant, and the other to discovering the best means for cultivating mammary glands. The latter section at least would be divided into several subsections, each of these giving itself to the special study of these organs. Thus one subsection would investigate the typical form, another the embryogenic development, a third the blood-supply, a fourth the minute anatomy of the glandular structure, and thus on, while a final class, a very large one probably, would be composed of those who do not see the purpose of this article, and would be occupied with lymphatic investigation. A society with such various and elaborate breastworks would be invincible. It, of course, would be international, and could be bisected, trisected, and quadrisected—in fact, divided into so many sections that everyone could occupy an official position.—*Medical News.*

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## *MILK OF MAGNESIA.*

The old house of Chas. H. Phillips (established 1849) has always been noted for the originality and elegance of its productions. Their *Milk of Magnesia* or their preparation of the Acid Wheat Phosphates attest this, the former differing widely, as it does, from the ordinary preparations of magnesia, presents an effective antacid free from objectionable features, which will be found extremely useful, as well as agreeable, in the treatment of diarrhœa, cholera infantum, and the disorders of digestion peculiar to the season, while the latter supplies in concentrated form, the phosphates of which our daily bread is deficient.

Their Cod Liver Oil Emulsion too, is a very superior preparation, embodying many features to commend it to physician and patient.

Owing to its perfect miscibility, this preparation has been found particularly adapted to the prescribing of Cod Liver Oil with milk and it will be found very agreeable when taken in this way. As this oil and the milk may be mixed readily before each dose by simple stirring, the freshness and sweetness of the milk is insured, thus presenting a positive advantage over any so called permanent combinations of Cod Liver Oil and milk.

The essential features in this preparation wherein it differs from others are: The combination of the oil with the phosphates, the emulsionizing or peptonizing by means of pancreatine, the minute division of the oil globules accomplished, and the perfect miscibility.

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## *EUCALYPTUS IN THE TREATMENT OF TYPHOID FEVER.*

Leighton Kesteven, of Brisbane, Queensland (*The Practitioner*, May, 1885,) having made an extended trial of eucalyptus in the treatment of typhoid fever, both in hospital and private practice, was so pleased with the favorable results obtained that he now warmly commends the drug to the profession for further trial. Of two hundred and twenty cases of the disease which he attended in about eighteen months, there were only four deaths. He gives ten minims of the drug every four hours. "Without being absolutely nauseous, however, this medicine does not agree well with all stomachs, but this difficulty can be entirely overcome by careful emulsification, and the addition of half a drachm each of aromatic spirits of ammonia, spirits of chloroform, and glycerine, the latter entirely removing the rough semi-resinous taste of the oil. The effects of this medicine are, in brief, the following: First, it steadily and permanently reduces the force and frequency of the pulse. Indeed in one or two cases I noticed this result obtained with almost marvellous rapidity; in one case in particular, the pulse, from being a sledge-hammer pulse of 120, went to 90 within an hour of the first dose of the medicine, and never went above 90 again. Secondly, lowering of the temperature. This occurs less rapidly, and (it has occurred to me) might be entirely secondary to, and dependent on, the lowering of the pulse. Thirdly, the beneficial effect on the tongue is very marked, almost immediately alleviating the distressing dryness so universal in typhoid, and removing the thick brown coating, leaving but proportionately little fur, and frequently cleaning the tongue entirely in a very short time. Fourthly, the skin, along with the reduction in its temperature, becomes moist and soft in contrast with the harsh, dry, hot skin so frequent and persistent, conferring a corresponding increase of comfort to the sufferer, who has previously felt as if his skin had been drawn tight all over his body. This alone is a boon to the patient of no small import." Concerning diet and general treatment, the author says: "In all severe cases I order whiskey from the commencement of the case till normal temperature is attained, giving on an average five to ten ounces per diem,

usually in milk and soda-water. In ordinary cases I feed the patient on milk thickened with isinglass, beaten-up eggs, milk and soda, coca, and—where diarrhœa exists—ground rice and milk. In asthenic cases chicken-broth (concentrated to ten ounces of clear broth from a whole fowl) given in ounce doses to avoid filling the stomach with too large a quantity of fluid for weak digestion, the juice of half-cooked mutton, or beef tea made in a pot without water and strained through fine muslin. For the abdominal tenderness frequently-changed ice-cold compresses, and ice to suck; ice to the shaved head for cephalagia; and frequent cold packs from the head to the kness at any rise of temperature. All the linen is changed morning and evening, without ever altering the patient from the horizontal position. All nourishment is given in small quantities at short intervals, thus receiving better digestion than when given in larger quantities at longer intervals."—*Medical Record.*

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## *THE PERILS OF GREATNESS.*

A PERIL of greatness not mentioned by the old philosophers—as they lived before the days of telegraph—appears of late to be that the great man can never find out what is the matter with him when sick. We need but refer to the wonderful surgical diagnosis in the case of President Garfield—how the ball was exactly located by a novel instrument of precision, about ten inches from where it really was! We have fresh in mind—who has not?—the hourly bulletins about General Grant, not over a month ago. Every time he gargled his throat his physicians summoned a consultation, telegraphed for a reporter, and had the fact (with their full names signed to the statement) instantly telegraphed over the country.

They did not stop short of either diagnosis or prognosis—"cancer of the throat," "death in a few hours or days at most." This, too, they sent out broadcast. It is a big thing for a small doctor to attend a great general and ex-President. It is a chance for getting patients in good society that must not be thrown away.

But there is not so much fun in it when the small doctors commit portentously-large blunders, and have themselves caricatured in *Puck*, and laughed at in the press generally. Their anxious efforts at notoriety then assume a ridiculous aspect, and their undue haste and the limitations of their knowledge become rather too apparent to be gratifying to them.

On a previous occasion we condemned as in bad professional taste, and indicative of a low order of ethics, this anxiety to seek

notoriety by revealing the minute conditions of a patient, and hastening into print with facts and opinions that ought not to pass the doors of the consulting-room. General Grant's physicians have been disgustingly open-mouthed in these respects, and the exposure of the gross mistakes they have made will be as gratifying to others as it is deserved by themselves.—*Medical and Surgical Reporter.*

## *COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.*

The limits of usefulness of cocaine do not yet seem to have been reached. The sphere of its therapeutic activity, is on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection he holds it has no rival in marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing on it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one per cent.) of the hydrochlorate of cocaine. Within one or two days the fissure will have healed completely, and all pain consequently will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even possibly benefit the child when irritable and restless. —*Therapeutic Gazette.*

## *TONSILLITIS IN RELATION TO FEBRILE ATTACKS IN CHILDHOOD.*

The object of this anonymous contribution is to call attention to the frequency of tonsillitis, when not suspected as a cause of so-called "febricular attacks" in young children. In many cases of high temperature, the physician looks in vain for an explanation in the condition of the organs of the great cavities, while an inspection of the throat at once reveals the cause, although there was present no pain in swallowing, nor other symptoms pointing definitely to throat inflammation.

Tenderness is often found on deep pressure behind the ramus of the jaw. In other cases, after a day or two, throat symptoms

become pronounced. Apparently simple in its nature, tonsillitis is very frequent in children of four years and over, but by no means rare before that age. It is not always easy to distinguish these cases from diphtheria; even in those which ultimately declare themselves as simple pharyngitis there are often seen patches of a whitish exudation which extend beyond the tonsils to the uvula; such should not at first sight be dogmatically classed as diphtheria. Mistakes are likely to occur even with the best observers. When such cases spread through the house they may be regarded as diphtheritic; when they recur frequently in the same child they are likely to be only simple inflammations. In many cases they do not seem due to exposure, but occur in strumous children especially in connection with chronic hypertrophy of the tonsils. A routine examination of the throat should, therefore, be made in all cases of febrile attacks in children.—*Archives of Pediatrics*..

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## *ELECTROLYSIS IN STRICTURE OF THE URETHRA.*

We have frequently had occasion to refer to the use of electrolysis in the treatment of stricture of the urethra. In the hands of some it has seemed to prove very beneficial, and converts to its merits are being constantly made. Dr. Robert Newman publishes a paper on this subject in the *Journal American Medical Association*, April 25, 1885, in which, after reporting one hundred cases, he says that these and many other reports of cases speak for themselves, so that at the present time 1,000 could easily be collected, and that the most fastidious medical skeptic ought to be convinced by this report of one hundred cases cured without any relapse during three to eleven years' careful observation. By such unique good results the method of electrolysis in the treatment of stricture of the urethra is fully tried and established, and every day brings new converts and makes new friends.

He thus formulates the details of treatment:

1. Begin the use of electrolysis carefully; do not cauterize, only absorb; in many cases the current of six cells will suffice.
2. Regulate the power and current of electricity according to the susceptibility of the patient.
3. Repeat seances in intervals not too frequent in succession.
4. Do not grease the bougie with substances which are non-conductors, and would insulate.
5. Wet your electrode sponges with hot water; keep the plates in the battery fluid only during the operation.

6. Never use force with your bougie; never cause hemorrhage.

7. Do not operate while the urethra is in an acute or even sub-acute inflammatory condition, or when it is too painful.

8. Use your battery fluid weak.

9. Never use two bougies in succession with electrolysis during one seance.

10. Practice at first only one method by absorption. "*Weak currents; long intervals.*"—*Med. and Surg. Reporter.*

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## *DEATH FROM FALLS.*

People have been killed by a fall of a dozen feet. Others have fallen from heights of thirty to fifty feet, striking the ground, and have not been seriously injured. It is not possible to say how high a fall must be to be fatal. This is known, however, that children, drunken men, and sleeping men sustain falls and shocks well, owing to the greater elasticity and the more relaxed condition of their tissues.

Jumps and falls into water may be made, it appears, from very great heights without necessary loss of life. Sam Patch jumped safely into the Genesee River from a height of 100 feet. In jumping from a height of 125 feet he lost his life. In 1876, a rope-walker at Niagara Falls dropped from his rope a distance of 130 feet into the river below and successfully repeated the operation a dozen times or more. In 1882, a half-drunken man jumped from High Bridge into Harlem River, a distance of 145 feet, and was picked up alive. The unfortunate man who lost his life by jumping from Brooklyn Bridge last May had already, a year or two ago, jumped safely from a height of 110 feet. He had some reason to believe, therefore, that he could perform his last feat with success also.

The prevalent belief that in falling from great heights respiration is stopped and that unconsciousness occurs before the ground or water is reached is not based upon any physiological grounds whatever. The death or the injury, when it occurs, is the result of the concussion. This may not only break bones and rupture internal viscera, but it may bring the heart to an instant rest by acting reflexly upon the vagus. Naturally, the only way to avoid this most serious danger is to have the body strike the water upon an insensitive part like the feet and lower limbs. Jumpers, like Sam Patch and Odlum, kill themselves because they are bunglers, not educating themselves to their feats as circus acrobats do. With some preliminary training a jump from the East River Bridge, barring strong winds, neet not be fatal. That it is foolish, dangerous, and profitless goes without saying. —*Medical Record.*

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

FOR

CONSUMPTION

AND

WASTING DISEASES

# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

## FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

**Copies of these Works sent Free on Application.**

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# IMPORTANT!

## *GREEN DRUG*

# FLUID EXTRACTS,

## OR NORMAL TINCTURES.

## THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL CO. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL CO. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

## Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Murlate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | - - - - - | 12 | " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞

| | | |
|---|---|---|
| Hydrastia Sulph. pure, | - - - - - - - - | grs. x. |
| Mucilage Acacia, | - - - - - - - - | oz. i. j. } Mix. |
| Aqua Rosæ, | - - - - - - - - - | oz. iv. |

Use 1-2 oz. as an Injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞

| | | |
|---|---|---|
| Hydrastia Sulph. pure, | - - - - - - | 1-4 gr. } Make one pill. |
| Podophyllin, | - - - - - - | 1.20 gr. } |

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

## Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

**B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.**

## *THE TREATMENT OF TAPEWORM.*

Dr. James Tyson thus writes in the *Med. News*, March 7, '85:

There is, perhaps, no one condition which has brought more opprobrium upon the medical profession and more "grist to the mill" for quacks, than tapeworm, and to our humiliation it must be said that quacks do seem to have more success in getting rid of tapeworm than we do. There are, I think, two reasons why this is so. In the first place, it is certain that they do not use different remedies from those commonly in use by the profession, but they give larger doses. In the second place, they see a large number of cases and develop a sort of specialty, which, like all specialties, produces greater skill in treatment. When I say quacks, I mean more particularly advertisers and those who use secret remedies; for in their treatment of tapeworm, they undoubtedly use remedies which experience shows to have been useful.

In order that a tapeworm may be successfully treated, it is necessary that it shall have a certain size; so that if a large part of the worm has been brought away by medicine, it is useless to give anything more until the remaining part increases sufficiently in size.

There are half a dozen remedies for tapeworm, and they are all good. I think that the two best are probably the ethereal extract of male fern and kooso. Some prefer the first of these, while others prefer the second. In my hands, kooso has been decidedly the most efficient—that is, having failed with everything else, and having succeeded with kooso, it has naturally become the remedy with which I always begin the treatment. It is the dried flowers and immature fruit of the Brayera anthelmintica, a native to Abyssinia. It is given in the form of a powder, and the only objection to it is its bulkiness. The dose is laid down as a half to one ounce of the powder in half a pint of water. I prefer to give the larger dose, for it is harmless, except in pregnancy, and I am sure that failures are often due to the smallness of the dose administered. Kooso is said to have produced miscarriage; therefore, it should not be given to pregnant women.

Patients require some preparation before any remedy is employed. I always tell them to eat nothing from noon of one day until the next morning, when one ounce of kooso in half a pint of water is directed to be taken. If at the end of six hours no movement of the bowels has taken place, a promptly acting aperient, as a dose of oil, compound jalap powder, or elaterium, is taken, but generally kooso requires no purgative after it. This usually brings away the worm entire. Of course, you are never certain that you have the entire worm until you find the head.

At the same time, it does not follow because the head cannot be found, that you have failed to remove it, for it is very small, and may have been lost in the discharges. As I have said, in the tænia solium the head is about the size of a small pin's head; in the medio-canellata, it is somewhat larger, and in the bothriocephalus latus it is still larger. If the head has not been removed, you may be certain that in a certain length of time the worm will grow out again. This varies from ten to sixteen weeks.

Instead of kooso, the resin which it contains, called *koosin*, may be given; but I have had no experience with it. The dose is 20 to 40 grains enclosed in a wafer.

The next remedy in efficiency is the ethereal extract of the rhizome of Aspidium filix mas, whose active principle—an oleo-resin—is extracted by ether. The preparation of the patient is about the same as for kooso. The dose is half a fluidrachm to a drachm. The larger dose should be given. It is a dark, thick liquid, bitter, slightly acrid and nauseous. Instead of the ethereal extract of male fern, the oil may be given in a gelatine capsule, which is the best vehicle for these unpleasant oils. Six or eight hours later, a dose of purgative medicine should be administered. An important point to be borne in mind is the varying quality of these drugs, and that they deteriorate with age.

The next remedy in order of efficiency is the bark of the root of the pomegranate. This has been given in the shape of a decoction, about two ounces to the pint, and the dose is a pint. Recently there has been introduced an alkaloid obtained from pomegranate, named pelletierine, in honor of the chemist Pelletier. This is sold in a single dose—the price of which is, I believe, three dollars. When first introduced it was vaunted as a "sure cure;" but the experience of practitioners in this city has not been uniform, and success has been by no means invariable. Very recently, however, I have known a case to have been successfully treated with pelletierine after all else had failed, including large doses of turpentine, and including pelletierine itself. When successfully used the dose of pelletierine was given after twenty-four hours' fasting and no preliminary purgation. In fifteen minutes afterwards one drachm of compound jalap powder was taken. In an hour and fifteen minutes the entire worm, including the head, was passed. When pelletierine was unsuccessfully used it was preceded by a day and a half fasting, during which two doses of castor oil were taken.

Kamala, the hairs of the Rottlera tinctoria, is said to be very efficient in tapeworm, but I have had no experience with it. It is given in doses of from one to two drachms suspended in syrup, repeated in eight or ten hours if it do not purge. It is purgative, sometimes drastically so. It may also cause nausea and vomiting.

Another remedy, which is an excellent one in this affection, is oil of turpentine. At the same time it is apt to produce such unpleasant symptoms that it would be the last which I should use. The dose is from an ounce to two ounces mixed with twice that amount of castor oil.

The last remedy which I shall mention is pumpkin-seed. This was used very commonly some twenty years ago. It was the remedy which I always used until frequent failures induced me to give it up. There are two ways in which it may be given. Two ounces of the seeds may be crushed in a mortar with water, then strained, and the emulsion taken fasting, the patient having dieted the previous day. A few hours later a brisk purge should be taken. Or the seeds may be made into an electuary, which is almost as pleasant as sugar candy and often is about as effectual.

I should place these different remedies in the order of their efficiency as follows: kooso, male fern, pomegranate and pelletierine, kamala, turpentine, and lastly, pumpkin-seed. I am inclined, however, to give pelletierine an early trial, in consequence of its recent successful use in the manner referred to.

I have already stated that it is important to know the variety of worm present for the purposes of prognosis and treatment. The easiest of these worms to dislodge is the bothriocephalus latus, because it has neither the hooklets nor the rostellum of the other varieties. The next in ease of removal is the tænia mediocanellata, which, although it has the four suckers, lacks the hooklets which give the tænia solium its firm anchorage. Of all the forms of tapeworm the most difficult to dislodge is, therefore, the tænia solium; for it not only has the four suckers but also the double row of hooklets. I believe, however, that if a more active course of treatment than is usually recommended be pursued, our efforts will be more successful.—*Med. and Surg. Reporter.*

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## *ANTIPYRIN IN PHTHISIS AND OTHER FEBRILE DISORDERS.*

In the May number of the *Practitioner* for 1885, Dr. J. Holland, of St. Moritz, Switzerland, records his experience with antipyrin in the treatment of the febrile state, especially of consumptives. For years he has had many phthisical patients under his care, in fact he lived under the same roof with them. He was struck forcibly with the observation of the trivial causes that will cause the consumptive's temperature to rise. A little extra exertion, a political discussion, an attack of indigestion, a slight fall on the ice which has caused neither pain nor apparent injury, an attack of toothache—any of these things, which to a person

in health might mean nothing, often tend in the sensitive phthisical patient to start a degree of fever which it is frequently difficult to suppress. Should the pyrexia continue for two or three days, we are almost certain to discover signs in the lungs of some fresh mischief; perhaps a little softening is detected over an area that had begun to dry up, or crepitation manifests itself in a part of the affected lung where, after careful examination, it had not been noticed before. This fever, then, is the first and earliest symptom of lung change, and must, in his opinion, be immediately attacked. Besides rest, even to the extent of confining one's patient to bed, and careful dieting, one must have recourse to medicinal remedies. Holland has generally found the following useful, although sometimes one and all have been extremely disappointing: quinine, the various preparations of salicin, digitalis, aconite, kairin, and Warburg's tincture are the principal drugs he has employed, and he finds they are more efficient when given in some effervescing form. For the last eight months he has been using "antipyrin," and he states that in his hands it has been more successful than all other drugs put to together. He concludes by saying that in cases of chronic fever, such as we have to deal with in consumption, antipyrin has no rival.—*Medical Record.*

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## *NIL DESPERANDUM IN SPINAL CARIES.*

Dr. Benjamin Lee read a paper with this title saying, there are two points that can never be too strongly insisted on in reference to the treatment of spinal caries or Pott's disease of the spine:

First. That it is *never too early* to begin with the employment of mechanical support of the most decided character; and second, that it is *never too late.*

First. It is never too early. The disease is a surgical one, and must be treated surgically. To tamper with it by attempting to treat it medically, by giving tonics and anodynes, is both a crime and a blunder; is as absurd as to try to treat a fracture of the thigh with Mrs. Winslow's soothing syrup.

The wearing of an artificial support, properly contrived, for a few months, can do the patient no harm if the spine is not diseased, but neglect on the part of the physician to advise a resort to this means of treatment when such disease is present, will lead to irreparable injury to the patient, and a loss of prestige to the physician himself. The story will be repeated from house to house, and from gossip to gossip, how Dr. Langsman allowed Mrs. Goodmother's daughter to go on for a year with spinal

disease, and never found out what was the matter till she told him herself. It is perfectly easy to recognize the disease long before any deformity shows itself. The principal signs are: sudden attacks of cramping pains in the abdomen or sides, great stiffness on waking in the morning, and inability to stoop forward and touch the floor. There is not generally pain or tenderness in the back, and it is a great mistake to pronounce that there is nothing the matter with the spine because that symptom is absent. If the patient is able to walk, he will turn in one or both toes, and hold his shoulders back and up rigidly. If an infant, it will scream on being moved and lifted. The disease often follows an attack of whooping-cough, and can very often be traced to a fall or other injury. Secondly. It is *never too late* to begin with the use of mechanical supports.

It is the greatest possible error to suppose that strength is needed on the part of the patient in order to bear the application of a surgical appliance.

When the vital energies are slowly wasting away in consequence of a local source of irritation, the mechanical support is the plug which stops the leak. Without this, internal medication is as vain as the labors of the fifty daughters of King Danaus, condemned to expiate the awful crime of murdering their husbands on their nuptial night, by eternally filling with water a vessel full of holes.

The following case amply illustrates the truth which the author wished to convey:

S. R. J., a boy six years old, was first seen by Dr. Lee, January 7th, 1884. He was suffering from spinal disease in the vertebræ of the neck, following whooping-cough two years before. The only treatment had been homœopathic globules given for supposed rheumatism. He was completely paralyzed from head to foot, was wasted almost to a skeleton, had racking cough, breathed with great difficulty, and had so rapid a pulse that it could scarcely be counted. He screamed with agony on the slightest movement, and every touch gave him pain. The application of the brace was a task of great difficulty on account of this extreme sensitiveness, but when it was once on, he experienced an immediate sense of relief. One week later he was eating and sleeping well, and could move the first two fingers of the right hand, and the little finger of the left hand. At the end of the second week he could move his toes, and put his hands above his head.

In three weeks more he had slight motion of the left leg. Two months from the time of the application of the support—which he wore night and day—he could hold up his head; and in three months more could walk alone.

Notwithstanding the formation of a large abscess in the neck, he has continued to improve in every respect up to the present time, and there is every reason to anticipate his entire recovery. This was simply one of the many cases which the doctor could cite to prove the truth of his second proposition, but one example would suffice.—*Med. and Surg. Reporter.*

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## *GLYCERIN FOR DRYNESS OF TONGUE AND THIRST IN FEBRILE STATES.*

As quoted by the *Canada Medical Record*, May, 1885, Surgeon-Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerin frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but not really dry to the touch; after renewed application of the glycerin he at once slept again. In six other cases it has been tried and found satisfactory. Surgeon-Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*Therapeutic Gazette.*

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## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

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The report of the meeting of the National Association reached us at so late a day that we were compelled to devote the editorial pages to it. Our readers will be more than compensated for the editorial matter, book notices, and receipts, displaced, by reading the following

## *SPECIAL THERAPEUTIC AND OTHER NOTES.*

Fluid Hydrastis, prepared by the Wm. S. Merrill Chemical Co., represents in one fluid pint the combined active principles of one pound Golden Seal root, and may be added to Alcohol, Glycerine, Syrup or Water without precipitation; it may be, therefore, *properly* and *profitably* substituted for the officinal Fluid Extract in the manufacture of the Tincture, Syrup, Wine, and Glycerole of Hydrastis so often prescribed. It is a special and

decided tonic to mucus membranes, hence, in all affections of the mucous surfaces, attended with profuse discharge of tenacious mucous, sub-acute inflammation, or ulceration, its use is indicated and will be attended with the best results.

A PROMINENT physician in a neighboring city received the following note from a lady a few days since:

"Dear Doctor: Please come to see my brother at once, and bring your urethra with you. Respectfully, Mrs. ——."

The doctor answered the call, and carried a catheter.

DR. F. F. LORD, of San Francisco, writes: Having used Tongaline extensively in my practice, I can cordially recommend it as superior to any other remedy I have ever tried for cases of facial neuralgia, especially that of the fifth nerve (tri-facial trigeminous), where I have found it to produce the desired result in every instance, even when all other remedies had previously failed.

DR. CORT F. ASKREN, of Corydon, Ind., writes: I have found Acid Mannate (Rio Chemical Co.) to be a very efficient remedy in cases of constipation, due to torpid conditions of the liver. In the latter months of pregnancy, when a simple, painless laxative is so often indicated, it serves its purpose well, keeping the bowels in a regular and soluble condition.

THIS is from Ohio: Lockland, March 10, 1885. I have this day, Examined Mr. E. W. B—— I find one of his penus in a bad shape a rupture it is ten inches long and Eleven inches in diamitar, if it was on myself I would say I would rather loos one arm or one leg than have that I think it is liable to ley him out any day, it is a lode to carry ov its selfe and a bad plase to carry a load say nothen of the pain I think this is all I need to say

Yours Truly, Dr ——

THE decided properties of Concentrated Tincture of Avena Sativa (B. Keith & Co., New York) have a wide and enviable reputation. We have personally known it to be used with the very happiest results in the treatment of the opium habit, while that it possesses decided properties as a nerve tonic goes without saying among those who have ever tried it. Send for manual, and mention this Journal.

DOCTOR—"Well, how is your ague now?"

Patient—"It's worse. I've had the shakes awfully every day."

"I can't understand that. Did you take the medicine I prescribed?"

"Yes; but it did no good. Do you know, doctor, I think that medicine might do good if I took it before the shakes came on instead of after."

"Why, of course; that is what I directed."
"It did not say so on the bottle."
"Consarn those druggists! What was on the bottle?"
"Shake before taking."

SEND to Thos. Leeming & Co., 18 College Place, New York, for their valuable pamphlet on Nestle's Milk Food. The heated term is rapidly approaching when the selection of a suitable food for infants will become a matter of the first importance, to say nothing of those acute cases where symptoms of gastric disturbance are uppermost.

A MAN, aged 39, died recently, in the Birmingham (England) Workhouse Infirmary, whilst under the influence of chloroform-vapor, which had been administered to him for the performance of an operation for the cure of a subclavian aneurism. An inquest was held, and a verdict was returned of "death from chloroform, properly administered."

DUNLAP'S "CHAMPION" STYLOGRAPHIC PEN.

IN this age of progress and intelligence, when the pen and pencil are potent factors in every walk of life and a necessity to the poor as well as rich, any improvements in them that will facilitate their use and economize labor, are in the nature of public benefits, and the inventors are certainly public benefactors as much so as if they had directed the movements of a victorious and patriotic army, or had done their fellow citizens distinguished service in other directions.

Among the most valuable inventions of this kind, is the Dunlap Champion Stylographic Pen, with which a person can write incessantly for months without having to indulge in the frequent and annoying "dip" consequent upon the use of the ordinary pen. This latest invented Pen, (patented Nov. 18th, 1884,) combines new principles in its construction which makes it about complete. It contains valuable features never before combined in any Stylographic Pen, but the principal feature is a compound spiral spring, formed from a tube of hard rubber, while other Stylographic Pens have fine gold wire or metallic springs, which soon rot and corrode.

In order to successfully introduce to the public this new and valuable Pen, the Dunlap Stylograph Co., 296 Washington St., Boston, Mass., (manufacturers of the Pen) have reduced the price to $2.00 each for plain, and $2.50 each for gold mounted. They will (for a short time only) send by return mail a Champion Pen, 6 months supply of ink, and a beautiful gold mounted pencil, on receipt of the price of a pen. The Champion Pen is the same in style and finish as pens sold everywhere at $3.50 and $4.00.

# MELLIN'S FOOD

TRADE MARK.

FOR

# INFANTS AND INVALIDS.

**MELLIN'S FOOD** is the only perfect substitute for Mother's Milk.

**MELLIN'S FOOD** is the most nourishing diet for invalids and nursing mothers.

**MELLIN'S FOOD** is used in counting rooms and offices as a most agreeable lunch.

**MELLIN'S FOOD** requires no cooking.

**MELLIN'S FOOD** is entirely soluble.

**MELLIN'S FOOD** is not farinaceous.

**MELLIN'S FOOD** is rich in bone and teeth making elements.

**MELLIN'S FOOD** is the best food for sick infants.

**MELLIN'S FOOD** is the best food for well infants.

**MELLIN'S FOOD** is the best food for insufficiently fed nursing infants.

**MELLIN'S FOOD** is endorsed by physicians.

**MELLIN'S FOOD** keeps in all climates.

**MELLIN'S FOOD** is sold by druggists throughout the United States.

**MELLIN'S FOOD** is fully described in the pamphlet, which also contains valuable suggestions on the rearing of hand-fed children. It will be sent free to any address.

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**A Sample Bottle Free by Mail to any Physician.**

## DOLIBER, GOODALE & CO.,

41 and 42 Central Wharf, Boston, Mass.

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**Correspondence from Physicians Promptly Answered.**

# SCOTT'S EMULSION
## PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.
PERFECT, PERMANENT, PALATABLE.

**THE STANDARD EMULSION OF COD LIVER OIL.**

**Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.**

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

**SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.**

# THE PERFECT NATURAL FOOD,
## A NEW PROCESS
## PURE UNSWEETENED CONCENTRATED MILK,
IN GLASS BOTTLES ONLY.
## "SPECIAL CREAM BRAND."

This milk is prepared specially for feeding Infants and Invalids, and is for this purpose certainly the safest, most digestible, nourishing and fortifying food known. It is perfect in composition, contains no cane sugar or other addition, being absolutely pure. It keeps for years in any climate. It is complete in itself and *practically* accomplishes all that typical milk *theoretically* should. It is the perfect food for the prevention and cure of Infantile Marasmus, Diarrhœa, Cholera, Deficient Vitality, Painful or Retarded Dentition and all cases of Malnutrition, Emaciation, and Debility of whatever age. Successful in all cases where milk is usually prescribed.

FACSIMILE OF LABEL
Encircling neck of every bottle.

SEVEN MEDALS awarded and highest testimonials from Medical Experts. Please send for circular, testimonials, etc.

**TO PHYSICIANS.** Notwithstanding the claims made by various advertisers we believe this Milk, when properly diluted and sweetened, to be

## The Only Perfect Substitute for MOTHER'S MILK.

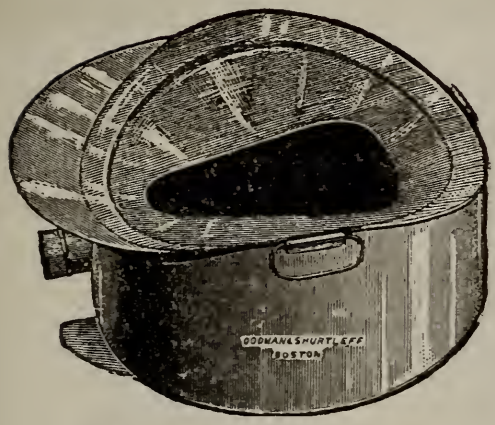
This we affirm after prolonged and varied personal experience.

Please write ℞ **DYER'S SPECIAL CREAM BRAND,**
UNSWEETENED CONCENTRATED MILK.

**Depot, No. 62 Boylston Street, Boston, Mass.** **DR. W. K. DYER.**

# VAGINAL DOUCHE APPARATUS.

**Designed by Dr. W. H. BAKER.**




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche It is suitably curved to support the buttocks comfortably. and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

---

# Obstetric and Gynecological Instrument Bag.

**PRICE REDUCED.**

These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

## CODMAN & SHURTLEFF,

*MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,*

**13 and 15 TREMONT STREET, - BOSTON, MASS.**

# BEEF PEPTONOIDS!

## THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

*Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.*

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

### *BEEF PEPTONOIDS*

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884, after a critical examination of numerous food productions by a Jury composed of the best chemists in Europe.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

DR. STUTZER, *Bonn, Germany.*
*Director of the Imperial Chemical Laboratory for Rhenish Prussia.*

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a *complete food,* consisting of 95 per cent. of assimilable solids of the most nutritious character."

PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*
*Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.*

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

## REED & CARNRICK,

**182 Fulton St., New York.**

# VERDICT

## Maltine.

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, London, 1884, after a critical examination of a large number of Malt Extracts by a Jury composed of the best Chemists in Europe.

**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world.

Send for Pamphlet giving comparative analyses by twenty of the best analytical Chemists in this country and Europe.

There is no reconstructive that excels it in Phthisis and many wasting Diseases.

The following is from an article on

## MALT EXTRACT,

By the late Prof. L. P. Yandell.

"**MALTINE,** in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our mind than there is of the curative power of Quinine, Cod Liver Oil, the Bromides and the Iodides.

**MALTINE** deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

**Extract from recent Article on MALT EXTRACTS AS FOOD, by J. Milner Fothergill.**

"A good Malt Extract is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, Malt Extract is a food which may often be resorted to when at one's wits end what to do."

### LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Cod-Liver Oil.
MALTINE with Cod-Liver Oil and Pancreatine.
MALTINE with Hypophosphites,
MALTINE with Phosphorous Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates, Iron and Quinia.
MALTINE with Phosphates, Iron, Quinia, and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

**THE MALTINE MANUFACTURING CO.,**

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

**Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.**

# 30,000

**PHYSICIANS are now prescribing HYDROLEINE**

FOR

## CONSUMPTION

AND

## WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

**Hydroleine** furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil.

**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

FORMULA OF

# HYDROLEINE

*(HYDRATED OIL.)*

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ⅒ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

**Copies of these valuable Works will be sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S.

**83 John Street, New York.**

# PEACOCK'S BROMIDES

—(CHEMICALLY PURE.)—

Each fluid drachm contains fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

USES.—Epilepsy, Spinal and Uterine Congestions, Congestive Headache, Cerebral Apoplexy, Enuresis, Dentition, Mania, Meningitis, Eclampsia, etc.

DOSE.—One to two Fluid Drachms, in water, three times a day.

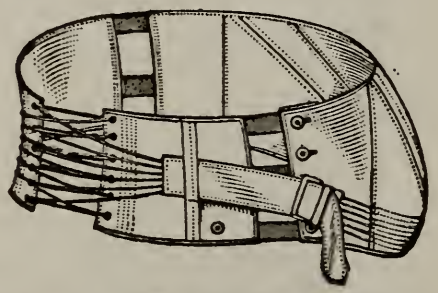
# PEACOCK'S FUCUS MARINA

—(ANTIDOTE TO MALARIA.)—

DIRECTIONS.—To Eradicate the Malaria from the system, One Teaspoonful in water, three times a day. For Intermittent, Remittent, and other Fevers, Five to Twenty Drops, every two or three hours. As a prophylactic against Malaria, One Teaspoonful twice a day. PEACOCK CHEMICAL CO., St. Louis.

**NEWSPAPER ADVERTISING** A book of 100 pages. The best book for an advertiser to consult, be he experienced or otherwise. It contains lists of newspapers and estimates of the cost of advertising. The advertiser who wants to spend one dollar, finds in it the information he requires, while for him who will invest one hundred thousand dollars in advertising, a scheme is indicated which will meet his every requirement, *or can be made to do so by slight changes easily arrived at by correspondence.* 149 editions have been issued. Sent, post-paid, to any address for 10 cents. Write to GEO. P. ROWELL & CO., NEWSPAPER ADVERTISING BUREAU. (10 Spruce St. Printing House Sq.), New York.

## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

**M. F. LINQUIST, M. D., New Haven, Conn.**

# THE
# Murdock Liquid Food Co.
## BOSTON,

**Wish to draw the attention to the class of surgical cases that they are treating in their Free Hospitals.**

**One Hospital assigned to the members of any Allopathic Society.**

**One Hospital assigned to the members of any Homoepathic Society.**

Enabling any physisian to have a bed for a private case if he so desires. Or any physician can have a bed assigned, and we will take charge of the patient.

**We solicit cases that have not yielded under past operations, or are too weak and exhausted to be operated upon.**

Such cases we can build up in two to four weaks, enabling the patient to have not only a safe but a successful operation, as relapse has never followed in any case that we have had. We are having cases every month that have been operated upon in other hospitals for Fistula without success, and we have been successful in every case.

April 11. Mrs. D. leaves our house, having come to us (March 23d) from another hospital, three operations having been performed on a Fistula with no relief. With us the operation was a success, and she leaves us restored to health. Her treatment with us was a table spoon of Liquid Food four times daily. From the fact that with that quantity of Liquid Food we can in thirty days make ten lbs. of new blood, enables the system to throw off the germs that are in the blood, which would otherwise go to generate another Fistula.

Mrs. D. Had been under Dispensary treatment for a year, with no relief, suffering badly from Laceration of Cervix Uteri; the same having developed into chronic catarrhal inflammation, discharging profusely. The Uterus had a lateral displacement. The general health of the patient has been gradually failing, until now there is emaciation, pallor of face, and general prostration.

March 9, an operation was performed with success.

March 10. With a diet of gruel three times daily, and Liquid Food, a dessert-spoonful every two hours, she realizes that she is gaining in strength, sleeps well, is free from pain.

March 16. Continues to improve, and asks for more Liquid Food, increased to a tablespoonful four times daily.

March 21. Sits up two hours, continues to improve, and will return home within a week.

The friends of Mrs. O., having for six weeks vainly endeavored to procure her admittance to some one of our city hospitals, applied to us to get her admitted here if possible. She came to us on December 11. Reports herself as having suffered since the birth of her last child, twenty-one years ago, from extreme prolapsus uteri, with very badly lacerated cervix and perineum. She was not able to sit up, and was, of course, much prostrated nervously. It was hoped that in three to four weeks we might put her in condition to be operated upon.

She commenced at once with four tablespoonfuls of Murdock's Liquid Food daily, and in twelve days the first operation was performed by a surgeon connected with two of the leading hospitals of the city, the operation lasting nearly two hours and a half. From that she made a rapid recovery, and on January 23 the second operation was performed, which occupied two hours, and she again made a good and rapid convalescence, which, for a woman of 63, who had suffered agonies so many years, we think speaks well for the value of Murdock's Liquid Food as an aid in surgery, having her in our home only nine weeks.

These are a few of many cases that we can furnish to show the value of raw food, which our liquid food is, condensed and free from insoluble matter, which enables us to save life when all other foods and treatments fail.

**And when other foods are available, we can show that with Liquid Food we can build up a patient in half the time usually required.**

BRANCH WORKS:—7 Snow Hill, London, and 384 St. Paul St., Montreal.

First Introduced to the Profession in 1866.

# THE
# National Standard Prescription
—OF—
# GYNECOLOGISTS AND PHYSICIANS.

**Universally employed wherever its superior merits are known.**

## The Viburnum Compound of Dr. Hayden.

(Author of the original formula of the simple and compound Phosphorous Pills.)

It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

The Viburnum Compound is prescribed by the most eminent medical men in this country, and is recommended by more physicians than any one other special remedy in the world without a single exception.

We assert, without the fear of a successful contradiction, that no physician who has thoroughly tested in his practice the merits of the Viburnum Compound of Dr. Hayden, will on any consideration be without it in the list of his most favorite remedies.

No simple preparations of the Viburnum Opulus, or of the Viburnum Punifolium, will in anywise produce the happy results of the Viburnum Compound of Dr. Hayden.

☞FOR ILLUSTATIVE HAND-BOOK containing general formulas, special directions, interesting matter, and the references and testimonials of more than ***six hundred physicians***, send your address on postal card to the

## New York Pharmaceutical Company,

***Bedford Mineral Springs, Mass.***

Dispensed by all reliable apothecaries. Put up in four, ten and sixteen ounce bottles. Please write for "Hayden's Viburnum Compound," and accept no other.

WHOLESALE AGENTS—Schering & Glatz, 55 Maiden Lane, New York; Geo. C. Goodwin & Co., Boston..

## PHENIC ACID, CHEMICALLY PURE.

Phenic Acid is the synonym for Carbolic Acid. It is volatile, diffusible, and antiseptic, acting on both vegetable and animal parasitic growths or ferments, which the profession regard as the cause of all zymotic diseases.

In its pure state it changes readily on exposure to moisture, air and light; and when so changed in color or smell, is unfit for medical use. To prevent this it must be recovered in its nascens state, by combining it, atom for atom, with syrup or glycerine, when it will remain unaltered for an indefinite period. Combined with syrup we obtain our

## SYRUP OF NASCENT PHENIC ACID,

each tablespoonful of which contains 2 1-2 grains chemically pure nascent Phenic Acid.

From medical works, journals, letters and statements of physicians we learn that brilliant successes have been obtained from this preparation in the treatment of zymotic diseases, as SCARLET FEVER, DIPHTHERIA, MEMBRANOUS and DIPHTHERITIC CROUP, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVER, SEPTICÆMIA, ERYSIPELAS, etc., etc. Physicians specially recommend it in MALARIA as an antiseptic in general to prevent contagion; hasten convalescence; check suppuration, and oppose the fermentative changes which cause an alteration of the normal proportion of red corpuscles of the blood. It can be given in alternate doses with our other compound preparations, when the full Phenic Acid effect is desired.

It is indicated in all disturbances where the tongue is of a dark or angry red, and many patients will at once convalesce on the use of the remedy.

Dose, one tablespoonful, three times daily before meals.

Many physicians prefer a combination of Sulphur with Phenic Acid. For such we prepare

## SYRUP OF SULPHO PHENIQUE.

each tablespoonful of which contains Sulphuretted Hydrogen and Ammonia Phenate combined, 2 5 6 grains.

The profession have found this combination specially serviceable in SCARLET FEVER, DIPHTHERIA, CROUP, TONSILLITIS. QUINSY SORE THROAT; chronic forms of RHEUMATISM, GOUT, ASTHMA, and CUTANEOUS AFFECTIONS. and all cases, in short, where sulphur is indicated. In CHRONIC NASAL CATARRH, in conjunction with the topical application of Glyco Phenique, it is universally remedial. In SMALL POX it will abate the disease, prevent pitting, and so arrest the eruption in the vesicular stage that the results in of the supperative stage and secondary fever will be prevented.

This compound may be relied on in DYSPEPSIA.

Dose, one tablespoonful, three times daily before meals.

It frequently happens that the lesions left by acute disorders and constitutional diathesis require an alterative, for which purpose Iodine and Iodide of Potassium have always held the first place. With these we prepare our

## SYRUP OF IODO PHENIQUE,

each tablespoonful of which contains Iodine, 1-14 grains; Iodide of Potassium, 3-14 grains; Nascent Phenic Acid, 8-11 grains.

This combination is in universal demand by the profession for the treatment of SCROFULA, and all diseases arising from a strumous or scrofulous diathesis. TUMORS, HIP JOINT DISEASE, CARIES and NECROSIS of bone, CANCER, SYPHILIS, and all specific and constitutional diseases; ERYSIPELAS, ACUTE and CHRONIC SKIN DISEASES. In MALARIA it is prompt, speedy and effective, abating the paroxysm, and preventing future attacks. In "biliousness" or "liver complaint" it has no superior. In SCARLET FEVER it should be used alternately with Syrup of Nascent Phenic Acid.

Dose, one tablespoonful, three times daily before meals.

In all fevers, whether Idiopathic or Essential, the grave symptoms are high temperature, sleeplessness and nervous disturbances. The profession have found that one of the best remedial agents to combat these symptoms is our combination of

## SYRUP OF AMMONIA PHENATE,

each tablespoonful of which contains Ammonia Phenate, 2 4-5 grains.

The profession have reported that on the exhibition of this compound, high pulse and temperature will be reduced, and neither delirium nor coma supervene. It is described in the same class of diseases as the Syrup of Nascent Phenic Acid, viz.: SCARLET FEVER, DIPHTHERIA, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVERS, SEPTICÆMIA, ERYSIPELAS. ACUTE RHEUMATISM, etc., etc. In TUBERCULOSIS, and other pulmonary affections, as PNEUMONIA, BRONCHITIS, etc., etc., it has proved invaluable.

Dose, a tablespoonful, three times daily before meals.

The above combinations of Phenic Acid are also prepared with a non-saccharine base for diabetic patients, and for those to whom sugar is objectionable.

Hypodermic injections of Nascent Phenic Acid, Sulpho Phenique, Iodo Phenique, and Ammonia Phenate, all at 2 per cent. Where a rapid and thorough effect is desired, whether in adults or children, these should be used with Hypodermic Syringe (Dr. Declat) with finger-bearings, 2 needles graduated, holds 80 minims.

Handbook of Dr. Declat's Antiseptic preparations, containing special directions and testimonials, sent free on receipt of postal card giving name and address.

A sample bottle of any of the above preparations will be supplied free to any physician on application, by mentioning this journal.

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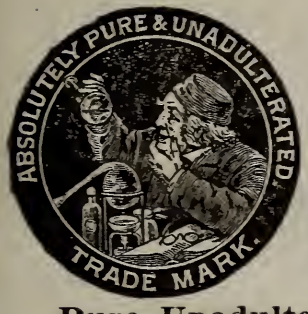


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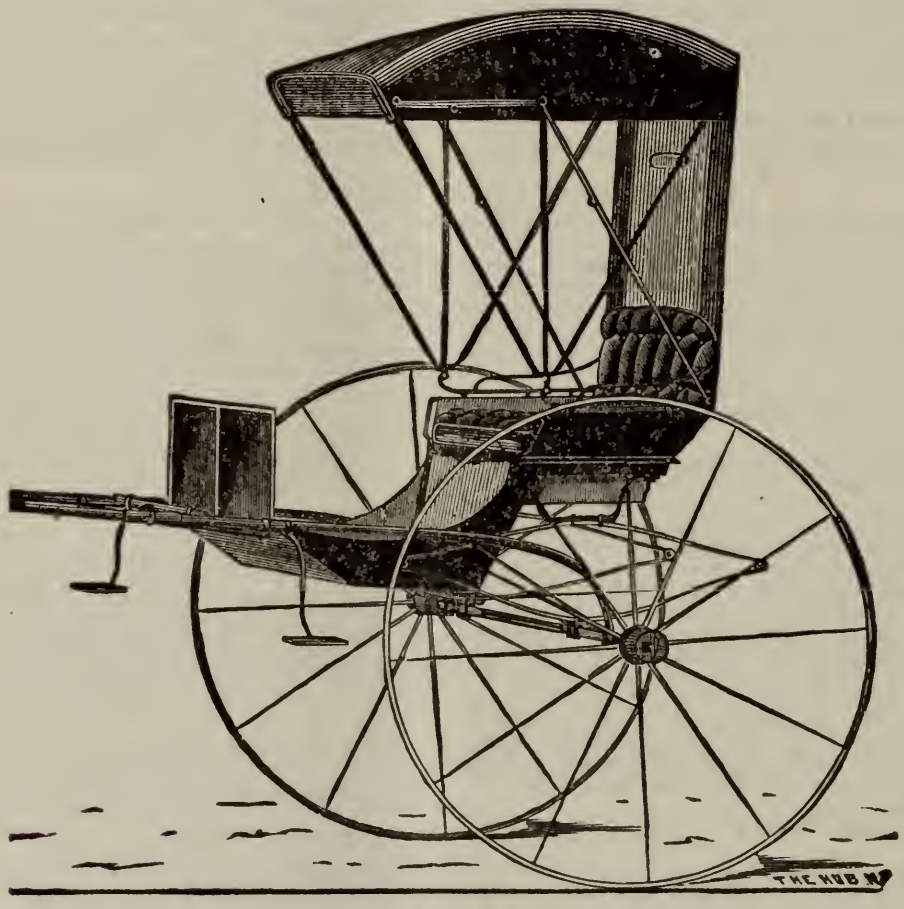


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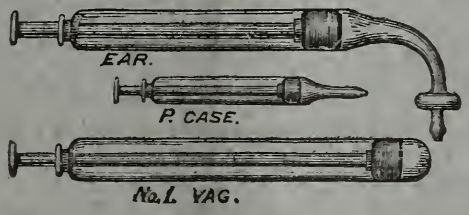


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VOL. 5. AUGUST, 1885. NO. 8.

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See adv. pages 12 & 19.

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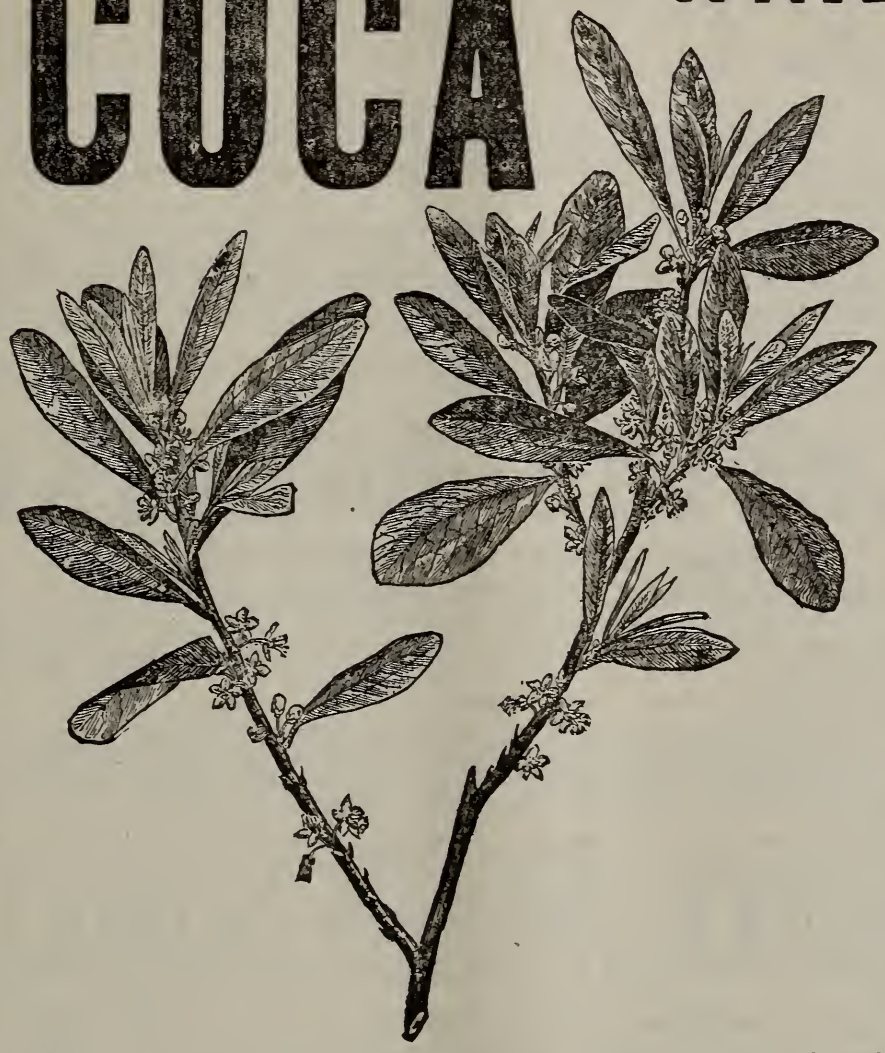

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Unrivaled as a Uterine Tonic in Irregular, Painful, Suppressed and Excessive Menstruation. It restores normal action to the Uterus, and imparts vigor to the entire Uterine System.

☞Where women have aborted during previous pregnancies, or in any case where abortion is feared, the Aletris Cordial is indicated and should be continuously administered during entire gestation.

# ACID MANNATE

***A MILD, SAFE AND PLEASANT APERIENT.***

**☞Prepared from Manna, Purified Cathartic Acid, and Fruit Juices.☜**

INDICATIONS.—Constipation, Biliousness, Congestions, etc.

Indispensable as an aperient for women during pregnancy. In teaspoonful doses, three times a day, it favors the secretion and excretion of bile, and gradually removes the congested and torpid states of the liver, and keeps the bowels in a regular and soluble condition.

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**A Most Valuable Non-Irritating Mucous Astringent.**

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## Liquor Tongae Salicylatus

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Tonga is a product of the Tonga or Friendly Islands, and has long been used as a domestic remedy by the natives of the Fiji Group. It was introduced to the notice of the medical profession by Drs. Ringer and Murrell, of London, England, who have made some very thorough and most satisfactory experiments as to its therapeutic value.

Tongaline is a combination of Tonga with powerful salicylates, whereby the remedial properties of the Tonga are secured and increased. **Each fluid drachm of Tongaline represents: Tonga, 30 grains; Extractum Cimicifugæ Racemosæ, 2 grains; Sodium Salicylate, 10 grs.; Pilocarpin Salicylate, 1-100 grain; Colchicin Salicylate, 1-500 grain.**

*It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.*

*DOSE: Teaspoonful. In acute cases every hour until pain ceases, then discontinue. In chronic forms, four to six times per day at regular intervals. To prevent recurrence, every two hours.*

St. Paul, Minn., Nov. 16, 1883.
I am prescribing Tongaline with satisfactory results. For the indefinite aches and pains of nervous patients it is superior to any other anodyne. For nervous headache or muscular rheumatism it is almost a specific.
PARK RITCHIE, M.D.

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I have used your preparation, Tongaline, extensively, and have been well satisfied with its results. You are to be congratulated on the value of the article which you offer to physicians.
R. A. VANCE, M.D.

Plainfield, N. J., March 11, 1884.
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C. M. FIELD, M.D.

St. Louis, July 20, 1883.
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Louisville, Ky., June 12, 1883.
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T. S. BELL, M.D.

Cincinnati, March 11, 1884.
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**A. A. MELLIER, Sole Proprietor, ST. LOUIS.**

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| Nitrogenous matter (Nitrogen, 2.25 to 2.35) | 14.5 " 15 " |
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| Carbo-hydrates, insoluble in water | 15 " 16 " |
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"The proportion of nitrogenous matter or plastic ailments to carbo-hydrates or respiratory constitutents in mother's milk is 1:4.5 and in this food the proportion is practically the same, namely, 1:5.7. The fat, as a respiratory substance is here reduced to the equivalent of starch.

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# COD LIVER OIL AND MILK.

*Physicians who use Cod Liver Oil, or who have discontinued its use in consequence of its offensiveness or its injury to digestion, should not fail to give this preparation consideration. It is so far in advance of the Emulsions and all former preparations of the Oil that they bear no comparison with it.*

1st. It contains 52 per cent. of *pure Cod Liver Oil* combined with *Condensed Milk.*

2nd. Both the *Oil* and *Milk* are perfectly digested and wholly assimilable and consequently will agree with the most delicate stomach, while the use of the *plain Oil* or the *Emulsions* soon injures digestion to such an extent that but a small portion is assimilated.

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5th. A trial of PEPTONIZED COD LIVER OIL AND MILK will convince any Physician that its reconstructive properties will prove five times greater than *Plain Oil* or the *Emulsions* now in use.

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8th. PEPTONIZED COD LIVER OIL AND MILK is furnished at the same price as *plain Oil* or the *Emulsions*, although it costs one-third more to produce.

9th. *Physicians or Druggists need not hesitate to order* PEPTONIZED COD LIVER OIL AND MILK, *for if it does not prove satisfactory in every respect, we will immediately refund its cost.*

We also manufacture the above preparation combined with HYPOPHOSPHITES OF LIME AND SODA.

We will furnish gratuitously to any Physician who will pay carriage a pint bottle of the above preparation.

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## CONCENTRATED TINCTURES, OILS, Etc.

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So-called concentrations are in the market, called by the same name as our manufactures, that are made by triturating extracts, etc., with sugar of milk, powdered root, etc.

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They are not made from the crude material, but by dissolving the active principles in Alcohol in definite proportions, and invariably represent a uniform amount of therapeutic power.

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## Nerve Stimulant, Tonic, Laxative, Etc.

IS EMPLOYED IN THE TREATMENT OF

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To meet the demands of the profession, we have prepared the following, in

PILL FORM, SUGAR COATED.

AVENIN PILLS.....1-2 grain.
Dose, one to three.

AVENIN PILLS.....1 grain.
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COMP AVENIN PILLS.....1 grain.
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Dose, one to three, as mild cathartic.

COMP. HELONIN PILLS....1 grain.
Helonin.....3-8 gr.
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Avenin.....3-16 "
Dose, one to two, as powerful Uterine Tonic.

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## B. KEITH & CO.,

**No. 75 William Street, - New York.**

# The Selection of Food for Infants in Hot Weather.

THE many predictions concerning the possible advent of cholera during the present summer, are receiving due attention from medical men and boards of health in our large cities.

Should we have a very hot summer (as is not improbable) there will be the usual "slaughter of the innocents" in the large cities, and we think it important that the attention of medical men should be called to the fact that three-fourths of the cases of sporadic cholera (infantile) are initiated by carelessness in the selection of the food given to bottle-fed infants. We warn adults to avoid such and such drinks, and to eschew certain foods as a preventive of cholera, on the principle that an ounce of prevention is preferable to a pound of cure.

If from the first of June to the first of October every mother would see to it that her infant was fed with easily digested and in every respect suitable food for hot weather, we believe we should have to record at the close of this much dreaded summer a *decrease* instead of an increase in infant mortality.

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**The following testimony will be appreciated by medical men, treating Cholera Infantum, Diarrhoea and Intestinal Inflammation.**

Dr. H. Von Ziemssen of Munich known to the medical faculty all over the world, writing on *Sporadic Cholera.* in Vol. VII of the Cyclopedia of Medicine says, "Regulation of the diet constitutes in fact the principal method of treatment of Sporadic Cholera, and particularly cholera infantum. When mother's milk is insufficient Liebig's Food or Nestle's Lacteous Farina are *alone to be recommended.* The latter is *especially* commendable because the physiological relations of the infantile digestive organs, particularly the lack of notable salivary and pancreatic secretions are taken into account in its fabrication. The starch contained in it having been transformed into dextrin."

Among the French specialists, Drs. Monod and Morpain have indicated Nestle's Food specially as a product of the most wholesome character and *entirely* preventive of Diarrhœa and intestinal inflammation.

With no desire to detract from the merits of other infant foods we have thought it proper to indicate to the faculty the above quotations from a standard work of such a reputation, in view of the probable infantile sickness to be apprehended during the summer of 1885.

## THOMAS LEEMING & CO.,

**AGENTS FOR NESTLE'S MILK FOOD,**

18 College Place, New York City.

MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### *IS THE USE OF SO-CALLED ANTIPYRETICS ADVISABLE?*

BY DAVID WARK, M. D., NEW YORK CITY.

THE diligent search by therapeutists for anti-pyretics, which has resulted during the last few years in the discovery of many new and highly extolled remedies of this class, seems to be prompted by lingering traces of an exploded pathology which taught that diseases were entities to be attacked and slain like wild beasts, not simply physiological disorder in which nature does her work as best she can under very perplexing circumstances, and only needs a little skilful help to get back into the path of health in those cases in which the vital operations have not been thrown into inextricable confusion.

Whatever the ultimate pathology of fever may be we can scarcely doubt that the augmented temperature is the direct result of hyper-oxidation of the blood and tissues. The severity and danger of fever are in direct ratio with the amount of heat and waste matters produced in the system, and unduly retained. Both the heat and the products of retrograde metamorphosis accumulate so rapidly from excessive oxidation, that the prompt elimination exceeds the capacity of the vital energies.

I would emphasize the statement that it is not so much the excessive development of heat in the system that constitutes the

danger of fever, but its undue retention. In fact the oxidation that produces the heat by which the temperature of the blood is raised to a dangerous point is a strictly conservative process, adapted to effect the reduction of the specific morbid matter that may have been the immediate exciting cause of the febrile process, as well as the removal of whatever effete matters may require elimination. Without the presence of the latter in undue amount the former would be destroyed and eliminated.

It is well known that a number of persons may all be equally exposed to the influence of a specific fever, causing poison, yet a few only may come under its influence. I believe that the explanation of this fact is: not that those who escape receive a smaller dose of the virus into their systems than those who are severely affected by it, but that the tissues of the former are purer, not containing enough tissue debris to form a suitable soil in which the poison can germinate; this being the case it undergoes oxidation and is eliminated without perceptible disturbance of the vital functions.

If the remedies now so much used for the purpose of aborting fever did so by effecting the prompt removal from the body of the morbid material by which the febrile process was excited, and continued, their therapeutic value could not be over estimated; but as the fever usually returns when the repressive power of the anti-pyretic drug has been expended, it is highly probable that these remedies simply check oxidation of the morbid matters whose elimination nature is struggling to effect, but which cannot be accomplished until they are reduced by oxygen to those soluble and gaseous forms that favor their removal from the vital domain.

The late Professor John W. Draper, showed that the nervous system determines which atoms of living tissue shall be surrendered to the influence of oxygen, and which shall be protected from its action for a time. Considered in the light of this fact, I am inclined to believe that the primary action of the medicines in question is one of the results of the limitation imposed by them on the influence of respired oxygen through the nervous mechanism.

I suggest as being highly probable that one of the causes of high temperature in specific fevers is due to the disturbing power

of the specific poison on the nervous system, which is thereby partially deprived for the time being of its control of tissue oxidation, the respired oxygen is therefore permitted to attack indiscriminately the living tissues, thus directly originating some of the more important phenomena observed in fevers. For these reasons the effects of all the anti-pyretic drugs hitherto discovered must necessarily be injurious, a conclusion which is supported by the general tone of the published reports on this topic.

If these views be correct, no attempt should be made to check oxidation in order to reduce the heat of fevers, because, by oxidation the foul matters by which the febrile process has been initiated and is continued, are reduced to comparatively harmless compounds; but we should adopt effective measures to remove the heat as fast as it is generated, and the rapid elimination of all burnt bodies.

The first indication may be best attained by the application of water, locally or generally, according to the necessities of each case, by means of sponging, complete immersion, or other well known means. Water of a low temperature should never be used for immersing the whole body, because plunging a fever patient in water at 60° or 70° rapidly contracts the cutaneous capillaries, and drives the over heated blood in dangerous quantities to the internal organs. The temperature in a case of hyperpyrexia, may be reduced nearly to the normal standard much more safely and quickly by immersion in water at 95°, than at a lower temperature.

The second indication may be accomplished by the judicious use of laxatives and diuretics. The former are especially useful to fever patients who have been habitually constipated before the febrile attack, and whose bowels are still sluggish. When the fever is of a type apt to be complicated by diarrhœa, a laxative should be selected, the secondary tendency of which is to cause constipation. Rhubarb with an alkali is one of the best remedies of this class. When diarrhœa is not a part of the natural history of the fever, then a laxative that leaves the bowels in a soluble condition should be used. Infusion of senna with some carminative is a valuable but neglected preparation.

In all cases of fever in which the secretion of urine is below the normal amount diuretics are of signal value.

## *A MARVELOUS BOOK—THE CODE INTERPRETED.*

BY LEMON T. BEAM, M. D., JOHNSTOWN, PA.

LORD BYRON says:

"'Tis pleasant, sure, to see one's name in print;
A book's a book, although there is nothing in it."

However pleasant it may be for the author of a much praised old-school work to see his name on a title page, he certainly ought to congratulate himself on Byron's idea that a book is a book, no matter what is in it. If merit were a *sine qua non* to entitle a publication to be called a book, we fear that some other name would have to be used in speaking of this wonderful production of a simon—pure "regular."

"Oh that mine adversary had written a book" exclaimed Job. The old patriarch evidently knew his man, and well knew what an infinite ass he would have made of himself had he written a book. All progressives in the medical world have reason to be gratified that one of their adversaries, a certain D. W. Cathell, M. D., has written a book, with the taking name of "THE PHYSICIAN HIMSELF, AND WHAT HE SHOULD ADD TO HIS ACQUIREMENTS IN ORDER TO SECURE SUCCESS."

"A title long and dark,
Drawn from the mouldy rolls of Noah's ark."

It requires brains of a peculiar character to say how this book should be read. For all practical purposes it could be read from left to right, up and down, or from the *finis* to the beginning, just as well as in the usual way. "Some books are to be tasted; others to be swallowed, and some few to be chewed and digested," says Lord Bacon. Unfortunately this spawn of Dr. Cathell's cannot be used in either of these ways, as "its undistinguishing complaisance would vitiate the taste of readers," and the swallowing of it would require a capacity equal to that of gulping down a camel, while its mastication and digestion would be an impossibility.

The animus of the author of this truly marvelous book is on a par with his crude assumptions of superiority. "Never," says he "have companionship with irregulars; * * avoid this and

*every other soiling contact.*" A regular, however lacking he may be in the qualifications of a gentleman, or in the knowledge of his profession, must be treated with marked respect; while those not in sympathy with the bigoted notions of the *code* must be shunned and ostracised, on the grounds that even companionship with them would be a "soiling contact".

Had the author confined himself to a decent and legitimate discussion of a theory, false though that theory might be, he would be entitled to the amenities of respectful criticism; but in turning his antagonistic feelings into the channel of a fanatical partisan he has forfeited all claims to the ordinary civilities due to an honorable opponent. "Remember," he says, "that you are neither required nor allowed to extend the favoring provisions of the code of ethics to any one practicing contrary to the cherished truths that guard the regular profession, no matter who or what he may be."

What code? Why *the* code. By the way of distinction he calls it "*the oracle* to which you can resort and learn what things justice allows and what it prohibits"—"*the* code that is founded on the broad basis of equal rights and equal privileges, and which stands as a lighthouse to guide and direct all who wish to sail in an honorable course;" and which, owing to "its justness," he continues, "remains as fresh and beautiful to-day as when Percival penned it seventy-five years ago; and which if you faithfully observe, you can truthfully exclaim, 'I feel within me a peace above all earthly dignities, a clear and quiet conscience.'" Thus, not in words but by fair and logical inference, he virtually declares, as one of the high-priests who consult this modern oracle of Delphi, "great in Diana of the Ephesians! whom all Asia and the *regulars* of the whole world worship."

This wonderful code he tells us was "formally adopted by the American Medical Association in 1847, which from then until now has governed *our* whole medical profession throughout this broad land, just as the ten commandments of Holy Writ instruct and restrict mankind in general." After this, don't talk of ignorance being the mother of devotion in religious matters only. The divinity of this code is the divinity of the decalogue itself. Therefore, let all take warning, and "Presume not to lay

unclean hands upon the ark of its magnificent and awful cause." The adding thereto, or the taking therefrom a phrase, a sentence or even a word is a hazardous work. Fossilism has "cherished" its truths—those "cherished truths that guard the regular profession," and which were conceived in the musty brains of the Moses of regularism (Dr. Thomas Percival) in the year of our Lord 1807: and which excepting a few alterations made necessary by the lapse of time, * * is the identical code adopted by the American Medical Association."

Thus we see that the code, in the estimation of Dr. Cathell, is invested with all the sacredness peculiar to the ten commandments, and like the Bible in its entirety, is so perfect in all its parts, so fully adapted to all places, times and ages, as not to be susceptible of any improvement or change, "save in a few alterations made necessary by the lapse of time." Therefore, "it remains as fresh and beautiful to-day," as it was seventy-eight years ago! The blind and unquestioning faith of a Persian Dervish, or the superstition of a believer in witchcraft is an absolute essential in the make up of a man who could pen and print such an instance of driveling nonsense and consummate ignorance. Progress in all other directions may be made, the world generally may move, advances in morality, in education, in civilization, in humanitarianism, in religion, in governments, in politics, may be made, but *the* code, the immortal code remains the same—and must remain "the same to-day, yesterday and forever." And then think of the peace of conscience, the tranquility of mind, the heavenly ecstacy flowing from a rigid observance of its benign and salutary provisions,—you will experience, he says, "within, a peace above all earthly dignities, a clear and quiet conscience." Great is Allah, and Percival is his prophet!

But it is not to be forgotten that the book is endorsed and highly commended by all the leading old-school journals, which thus underwrite sentiments, such as have been cited, and like the following: "Do not refuse to consult with foreign physicians, with doctresses, or with colored doctors, provided they are regular practitioners. * * * But every principle of right and honor will prevent you from entertaining the thought of

fraternal association with eclectics and homœopathists. Give the right hand of fellowship to every regular, no matter what his misfortunes or how great his deficiencies; on the other hand, refuse it to all irregulars, no matter how great their acquirements, their reputation or their pomp." This seems to be the text chosen by Dr. Cathell in writing his book, and it must be admitted, he has adhered to it closely from beginning to the end. Anything more intensely partisan, more revoltingly clanish, more offensively despotic, more fanatically exclusive, could not be written.

Merit, honor, success, and everything else contributing to a first class standing are not to be taken into consideration in fraternizing with others; but the only question is, do they belong to our faction? Do they swear by our code? A mountebank, a fool, a scoundrel, if he be only a regular, must have the right hand of fellowship; but no recognition of, or courtesy toward, an irregular should be tolerated. Well might we exclaim, "O bigotry! thou inflated monster, thou anathematizer and calumniator, thou spawn of hell, how hast thou libelled"—science and polluted the temple of reason by trying to prove all *codes* wrong but thy own?

The code is the shiboleth of all practitioners such as the author of the book. It is the mystic pass-word, sign and grip; as by its observance introductions into all old-school societies and associations are secured and intimate relations established. But its most glaring absurdity is found in its association with the term ethics—being called a code of ethics. What a misnomer. Ethics among other things implies the idea of gentlemanly traits of character. It is defined to be the doctrine of both morality and good manners. Is a code that ignores the principles of common courtesy worthy of the distinction of being called an ethical one? The author of the book says, "be polite and considerate to every one;" but on the same page, a few lines above, he says, "refuse the right hand of fellowship to all irregulars, no matter how great their acquirements, their reputation, or their pomp." His "every one" is to be limited to regulars and regulars alone. A beautiful code of ethics, truly!

In sharp contrast with it how grandly does the ethical system

of the National Eclectic Medical Association loom up? It says, "exercise toward *all physicians*, and toward all mankind, that courtesy and just dealing to which every one in his just sphere is entitled, * * * any departure therefrom is unprofessional, undignified, and unworthy the honorable practitioner of an honorable profession."

In view of the exclusive teachings of the code, of its bigoted and intolerant principles, of its want of common charity, and of its antagonism toward the enlightened sentiments of the 19th century, it is looked upon, by all outside of the lines of regularism, as a monumental fraud and an ethical monstrosity. And being laughed at and satirized so universally, its custodians are growing so restive and sensitive, that they try to emasculate its hideous injunctions.

At the meeting of the American Medical Association in Washington last year, a committee was appointed, consisting of Drs. N. S. Davis, of Chicago, A. Y. P. Garnett, of Washington, H. F. Campbell, of Augusta, Ga., Austin Flint, of New York, and J. P. Murdoch, of Pittsburg, to give a proper interpretation of the code of ethics. The following whereas and resolution, reported at the recent meeting at New Orleans, and unanimously adopted by the association, are to be added to *the* code of ethics:

"Whereas persistent misrepresentations have been and still are being made concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some *even in the ranks of the profession*, are led to believe those provisions exclude persons from professional recognition simply because of differences of opinions or doctrines, therefore

*Resolved*, That there is no provision in the National Code of Medical Ethics in anywise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is a pressing need of them."

Now that reads as though the "dictates of humanity" were about to get the better of the inhumanity of the code; but it is only a cheat and delusion, as the resolution winds up with this

declaration: "no such circumstances can make it necessary or proper to enter into formal professional consultations with those who are disconnected with the *regular* medical profession." Which reminds us of the action of a certain church that denied membership to all holding connection with secret orders. At one of their meetings they resolved that, inasmuch as their position was not understood, they did not deny the right of the free exercise of opinion upon all questions pertaining to social life, and that membership in their church could not be forfeited by a man acting according to his own conscience; but in the meantime they resolved that the rule excluding members who connected themselves with secret societies was just and scriptural, and must be enforced.

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## *THE MEDICAL TREATMENT OF OLD PEOPLE.*

BY J. L. PAXTON, M. D., MONTREAL, CANADA.

THE following case is reported not on account of any peculiar interest attaching to its pathology or to the treatment instituted, but because it shows, by such an instance as cannot often be met with, the remarkable integrity which the organism may maintain to a period far exceeding the usual duration of human life, and the readiness also with which therapeutic measures may be responded to even at that period.

On the 22d of August, 1882, I was called to see an aged lady, suffering with severe dysuria, which had lasted for several days, the efforts at micturition being very frequent and attended at times with acute pain. The symptoms presented were the usual sensations of burning at the neck of the bladder and urethra, with expulsive efforts sometimes so violent in character as to resemble those of labor. The urine was very high-colored, and although the quantity passed at any time was scanty, yet the aggregate amount throughout the day was nearly normal.

The patient was directed to take three times a day 15 grains of bicarbonate of potassa in solution, with the addition of 10 minims of tincture of belladonna to each dose.

On the following day the pain was very much alleviated, and as the urine was alkaline in reaction, the potassa was withdrawn; the tincture of belladonna being continued on account of the

slight vesical irritability that remained. An enema containing 30 drops of laudanum was also ordered at bedtime.

The action of belladonna in such cases is due, no doubt, to its coming into direct contact with the seat of irritation, for Dr. Harley has shown that atropia is eliminated from the system entirely by the kidneys. A few drops of the urine impregnated with it will dilate the pupil as fully as the same number of drops from an equal bulk of water, to which the dose of atropia has been added.

Dr. Harley goes so far indeed as to express the opinion, that belladonna is in the truest sense of the word, a diuretic; and perhaps more powerful than any other that we possess.

Dr. Garrod, moreover, has observed that the carbonate of the alkalies have no decomposing influence upon atropia.

Under this treatment the patient has done well; slight dysury occasionally recurring, but not of the violent character formerly observed.

This case, as thus stated, would seem to present no special point worthy of record; for similar ones are often encountered, and found to yield to a like treatment. It assumes an interest however, which it would not otherwise possess, when it is considered that the patient is within a few months of completing her 97th year, having seen evey decade of a century.

The real interest of the case is rather of a physiological than a pathological character; it does not arise from the comparatively slight and easily corrected aberration from normal function in one organ, but from the regularity and harmony of health which prevail in all other parts of the body, after nearly a century of functional activity.

I have made careful examinations and inquiries in regard to the general physiological condition of this patient, because opportunities are seldom presented to physicians of observing the working of the economy at such an advanced period of life.

Suppose a given number of persons to have attained the age of 70, and let the twenty years succeeding to that age be divided into periods of five years each; it will be found that deaths occur in greatly increased proportion in each of these successive lustra as compared with the one immediately preceding. By reference

to the Carlisle tables it is seen that out of 10,000 persons born, 2,401 may be expected to survive until 70; 1,675 until 75; 953 until 80; 445 until 85; 142 until 90; only 30 until 95, and of these 12 will die in the succeeding two years, leaving but 18 to touch the remote goal at which our patient has arrived. The dearment is thus seen to go on with immense rapidity amongst monagenarians, so that while it is not very unusual to meet with persons of 90 years of age, those who attain to 97 are exceedingly few. The arches of the Bridge of Human Life in Mirza's vision, were all in ruins beyond the seventieth, though some persons continued a kind of hobbling march on those that were broken, but fell through one after another, tired and spent with so long a walk.

Careful examination of the various functions of the body fails in this case to elicit any positive evidence of departure from the normal physiological condition. The tripod of life seems intact in each of its three supports. Nutrition is duly accomplished, the appetite being good, and digestion easy. It is worth noting in this connection that the patient is now and has been all her life in the habit of drinking coffee freely twice a day. The nervous centres have never been disturbed in their functions; sight is good, and hearing scarcely at all impaired: The mental faculties retain their activity; even the memory, which usually shows the earliest signs of failure, seeming but little clouded.

In the respiratory and circulatory systems no positive signs of disease can be discovered; as regards the heart there is the inferential but by no means sure token of its condition furnished by the arcus senilis, together with a certain degree of feebleness of action. The radial artery is free from the atheromatous ridges often met with in advanced life; there is no sign of valvular disease or of dilatation; and the pulsations are as prefectly regular and unintermitting as they were eighty years ago.

The question arises, how, with such integrity of the vital organs, is death most likely to occur? In all probability, it is not very remote; the doctrine of the expectation of life leads to this conclusion, and so also does the patient's own strong conviction upon the subject—a point to which, I think, much

importance is often to be attached. Now there is no reason for thinking that life ever ceases except on account of some organic change incompatible with its continuance. Such change may be of the grosser character revealed by a post-mortem examination; or it may occur in the blood, as in death by drowning or suffocation; or in the molecular constitution of the nervous system, as is probably the case after a fatal lightning stroke. In all of these instances physical alterations take place in some organ or organs, which prevent them from exercising their functions. Such changes in the vast majority of deaths are easily discovered, and it may be inferred, that in the few in which they elude observation, they nevertheless exist, though too minute to be detected. In the case under notice, though there is, at the age of ninety-seven, no positive clinical sign of grave organic disease, yet death is most probably impending over the heart. From the diminution of the force of this organ and the existence of the arcus senilis, I am inclined to think that fatty degeneration is going on, and will prove the immediate cause of dissolution. It is well known that this change may exist to a considerable extent without effecting the size of the heart as determinable by percussion. Its minute pathology is still imperfectly understood. According to Rokitansky the fatty matter is sometimes newly formed out of protein substances by dint of an elementary transforming power, and in the tissues that it affects, it is the forerunner of their entire metamorphosis and destruction.

As a point of trancendental physiology, fatty degeneration may be the ultimate means by which in the absence of more rapidly acting and more purely accidental causes, the fabric of the body would be gradually taken down, disintegrated and reduced to a state in which it is capable of being resolved into its original elements. The instances in which observations have been made after death in extreme old age are too few to establish the fact, that this or any other special metamorphosis of tissue is the result of an inevitable natural process. But if there be a necessary limit to human life, it is conceivable that there is some such natural mode of death awaiting all who escape, what Buffon calls accidental maladies.

And such a limit there must be, for the continuance of the race

seems to be imperatively conditioned upon the removal of all the individuals of whom it is at any one time composed, from this present sphere of being.* What is the nature of that inherent tendency to death in man, as in all other organisms with which we are acquainted; what law there is in virtue of which, sooner or later, the processes of life must cease, has never been ascertained and perhaps never will be. "Corruption is one of nature's term," says Bacon; and, therefore, since there is a limit somewhere, the highest ideal aim of therapeutics can be only the prolongation of life, until the occurrence of physiological or natural death, and the prevention of pathological or accidental death.

If we seem at present far from reaching this ideal aim, there are thoughtful men who hold that in the progress of medicine and of other branches of physical science relating to conditions of health, such as ventilation, drainage, cultivation of the soil and the adequate supply of food, the ordinary sources of some diseases will be avoided and the noxious power of others greatly limited, so that death will come on gradually, and in such a strictly natural sequence of events in extreme old age, that the individual may be no more conscious of his death than he has been of his birth.†

The doctrine of the duration of human life maintained by Flourens, receives support from such cases as the one reported above. The French Philosopher, propounds the following questions: "Quelle est la duree naturelle, normale de la vie de l'homme?" and replies, "L'homme qui ne meurt pas de maladies accidentelles, vit partout quatre-vingt-dix ou cent ans." This conclusion he bases on observations upon the lower animals, in which, as he asserts the time necessary for full growth is one fifth part of the whole term of life. Thus the camel is eight years growing and he lives to forty; the horse is five years growing and lives to twenty-five; and as man attains the limit of

*In proof of this, if proof were needed, might be adduced a curious calculation made by Sir John Herschel: "For the benefit of those who discuss the subject of population," he remarks, "it may be well to mention that the number of human beings living at the end of the hundredth generation, commencing from a single pair, doubling at each generation, and allowing for each man, woman and child an average space of four feet in height and one foot square, would form a vertical column having for its base the whole surface of the earth and sea spread out into a plane, and for its height 3,674 times the sun's distance from the earth. The number of human strata thus piled one on the other would amount to nearly five hundred trillions."

†See Dr. B. W. Richardson's Lecture on the Poisons of the Spreading Diseases.

his bodily development, as indicated by the union of epiphyses, at twenty, the normal period of his existence should be 100 years.

The argument may be objected to as inconclusive on the ground that it is difficult to fix the time of complete development. Buffon took stature as the index, and assigned sixteen years as the average period of growth in height. But full stature is often attained when development in other respects is still imperfect; thus the third molar teeth are not infrequently as late in their eruption as the twenty-first year. Flourens' own index does not denote any fixed period; the upper epiphyses of the radius and ulna becoming joined to the shafts at the fifteenth or sixteenth year; the lower ones at the twentieth; while the upper epiphyses of the tibia and fibula do not unite until about the twenty-fifth year.

If, however, the same criterion were selected for man and the lower animals, an inference from the life-history of the latter to that of the former would seem to be just; and it is interesting to observe that Buffon and Flourens using different criteria and different multiples, arrived at the same result and placed the natural limit of human life at about a century. Such length of days, however, is exceptional, corresponding with an ideal law, and not with any extensive observation. The accidental causes of death, climatic, mechanical, zymotic, hereditary and moral, are so manifold and besetting, that they must needs be taken into account as a part of the law under which we live.

The two French *savans* have defended an interesting scientific theory, but as a lesson in the lore of numbering our days we may more safely adopt the conclusion of Blumenbach, who placed the natural term of life at eighty years. The same limit was long ago designated by the Hebrew legislator as man's utmost mark, to be attained only "by reason of strength," and when attained, to prove "but labor and sorrow."

## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

### *ANTISEPTIC MIDWIFERY.*

PROF. A. L. CLARK contributes an excellent paper to the *Chicago Medical Times*, of which the following is a part:

Having now briefly and imperfectly considered the most important conditions present, we are prepared to consider the means of prophylaxis, and first of all we observe that whatever is done should be done early, our preparations beginning even before delivery.

Exo-sepsis is usually more perfectly subject to our control, and at least so far as the practitioner is concerned may be perfectly guarded against by absolute personal cleanliness and disinfection. Sufficient vigilance may usually too exclude infected nurses or so thoroughly disinfect and cleanse them as to render their pernicious influence *nil*. Local surroundings are more difficult to satisfactorily arrange at all times in private practice, but are often capable of amelioration.

To guard against self-infection, the treatment should begin in the third stage, or immediately at its close, and consists first in maintaining thorough uterine contractions and securing with the greatest possible completeness the expulsion of all shreds or remnants of secundines and blood clots facilitating the perfect cleanliness of the uterus and vagina by washes and positional treatment.

Among the means to secure firm uterine contraction are massage or frictions over the organ before, during and after the expulsion of the after-birth, a properly adjusted binder, and with their patients on underlying pad, with the administration, if need be, of ergot, quinine, pieces of ice swallowed, etc.

Cleanliness should be effected by the use of vaginal washes, two or three times daily, and in case of any notable rise in temperature one careful, but thorough irrigation of the cavity of the uterus. I say *one*, some say frequent, but in the experience of the German obstetricians frequent washings of the uterine cavity have been found injudicious and attended with increased fatality. To some extent it might be urged that the cases in which most frequent uterine washes would probably be used would be the most serious cases, hence an apparently increased fatality, which should not rightfully be charged to the treatment, but it seems quite reasonable to believe that which clinical experience has taught, that one systematic careful cleansing of the uterine

cavity should suffice for the removal of all clots and foreign substances, rendering more interference meddlesome.

For this purpose a fountain syringe from its freedom from jetting the wash is preferable, and the wash should be made antiseptic by the use of permanganate of potassium, sulphite of soda, chlorine, chloride of zinc, thymol, carbolic acid, etc.

It is almost useless for me to state my objection to the use of the bichloride of mercury for this purpose, since aside from the theoretical objections I entertain to the remedy, its proverbial uncertainty of action has been manifested in the fatal mercurialization of a patient by a single uterine irrigation. But as this uterine washing should be performed by the practitioner in person, except in the rare event of the nurse being equally as well qualified to perform it, I see no objection to the operator cleansing his hands and finger nails with a nail-brush and 1-1000 solution of the mercuric bichloride, since harm could hardly result, and its antiseptic and germicidal qualities exceed those of any other known remedy.

Beyond, this position may become an important item. Avoid a constant dorsal position since in this the force of gravity will maintain a constant accumulation in the vagina of one or more ounces of fluid discharges. Let the patient lie upon the side alternately, or even roll over on the face occasionally.

To avoid endo-sepsis, maintain the uninterrupted action of the kidneys, skin, and bowels by such appropriate treatment as the general knowledge of every practitioner may dictate, and in addition build up nature with a good generous and easily digested diet.

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## *OVARIAN DYSPEPSIA.*

This form of dyspepsia is a reflex disorder, as much as is vomiting in pregnancy. I have been studying a few cases of this disease for a short time, and find that they are of no little interest.

The first case gave the following history: "I am 38 years old; the mother of three children; have never been very strong; had rheumatism when I was twelve years old and never fully recovered from it; I can tell when there is going to be a storm by the aching in my flesh and bones; menstruation scanty and followed by severe headache." On inspection, the abdomen is nearly normal; the right ovarian region very tender on pressure; palpitation does not disclose any enlargement; the uterus nearly normal; pressure on right ovary causes sickness of the stomach; has thrown up the food for three weeks. She is now

looking anemic and has lost much flesh; many kinds of food cause great distress in the stomach; rest relieves the trouble to some extent. Often there is a sickening and burning pain in the right ovarian region, which is a pathognomonic sign of irritation of the ovary.

This case has received much treatment for the stomach. All said that they could cure, but she did not get any better. I thought that if they had been familiar with Dr. Frothergill's writings they would have determined the cause of this lady's dyspepsia. The Doctor says: "All who have seen much of practice are familiar with these trying cases, which seem to go on unaffected by remedial measures, until the malady seems to wear itself out; to be succeeded by a long and tedious convalescence. It would seem that at last the condition of mal-nutrition starves down the congested ovary till it ceases to set up and send out those perturbative nerve-currents which excite the gastric disturbance. Then the stomach settles down and resumes its ordinary duties once more without disorder. The case lingers on, unrelieved, because its real pathology is not recognized. The stomach is treated, and not the ovary. The gastric disturbance is not primary, but reflex. Its causation must be comprehended and the treatment directed accordingly, and the improvement will follow."

In chronic digestive disorders of women, especially those who are advanced in their menstrual life, there will often be found a hyperæmia of one or both of the ovaries which will have to be relieved before the gastric affection will yield. Ovarian irritation may be caused by any habits that derange the circulation, and cause innervation of the generative organs.

Vaginal injections of cold water or ice water once or twice a day will ease the trouble. The sudden arrest of a leucorrhœal discharge by astringent injections is a fertile source of this affection. Ladies that are confined to the house very much and are but little in the open air are often affected with ovarian irritation.

In diagnosing a case of dyspepsia in a woman that is near or passing through the climateric, ovarian irritation should be thought of. We should not promise too much from treatment, as it is not always an easy matter to relieve the ovarian disorder. In treating this disease, I always think of macroyts in snall doses. It will do fine work, if the rest of the treatment is properly managed. The patient should rest and be much in the open air. There is nothing that so relieves an over-excited or hyperæmic condition of the female sexual system as being out of doors. I have used counter irritation with good results. Hot

applications over the ovary often relieve. Belladonna, atropia, lilium tigrinum, val. zinc, are all good remedies, when indicated.

I have found atropia a very fine remedy when there is some pain and an uneasy condition of the ovary and pelvic organs that prevent sleep. One grain of the third trt. on going to bed is generally all that is needed. The dose may be repeated in one or two hours, if the first dose does not give the desired sleep. If the ovarian irritation is of long standing, it may be hard to relieve the condition of the parts as much as we would like.—*Cal. Med. Journal.*

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## *VIBURNUM PRUNIFOLIUM.*

Viburnum prunifolium is one of the most reliable medicinal agents of our indigenous materia medica, and perhaps no single drug more clearly illustrates the certainity of Eclectic direct medication; and the disease expression calling for its exhibition is so plain and unmistakable, that one can always depend upon deriving positive benefit from its administration.

Its specific indication is cramp—especially cramp in the feet and legs. It has, of course, other important uses, such as a remedy in threatened abortion, certain forms of dysmenorrhœa, etc.; but at this time I wish more particularly to call attention to its value as a remedy for the very common affliction of cramps in the feet and legs, a condition which is often so severe as to cause some nervous patients to actually dread the approach of night, this being the time at which this form of cramp makes its most vigorous assaults upon its victims.

A short time since, I was consulted by a lady somewhat advanced in life, and who for many years has been a great sufferer from complicated diseases quite obscure in their nature. In closing the recital of her various symptoms of her disease, she added: "But, Doctor, I have yet to tell you of something which has annoyed me more than all my other troubles combined. For twenty years I have been nightly afflicted with the most terrible form of cramp in my feet and legs, and, although I have consulted many physicians in reference to it, I have thus far failed to receive any relief."

For this condition I prescribed ℞. Viburnum prunifolium, tinct. gtt. x, in a little water, three times a day, and in three days she was entirely free from her cramps. Whenever she feels any indications of a return of her old enemy, a few doses of the medicine quickly removes them.

I have used this remedy for several years in a large number of these cases, and always with the same invariable success.—J. W. Fyfe, M. D., in *Medical Advocate.*

## *RŒTHELN.*

RŒTHELN is an exanthematous disease, the eruption of which greatly resembles that of measles, and on account of its close resemblance it is called *spurious measles*, *German measles*, *roseola* and *rose-ash*. While it bears a resemblence to measles, the two diseases are distinct from each other, for rœtheln does not protect from measles, neither do measles protect from rœtheln.

The two diseases above mentioned are quite liable to be confounded, which, in my opinion, accounts for the fact that children are often said to have had measles the second time. In my judgement, either the first or second attack was rœtheln, and the diagnosis either in the first or second case was erroneous.

Rœtheln, therefore, becomes an important disease to the physician, not so much on account of skill required in its management, as it does from the required skill in diagnosis. A mistaken diagnosis is always an embarrassment, and to be able to distinguish rœtheln from measles, and measles from rœtheln adds to the conscience and confidence of the physician.

Rœtheln is sometimes preceded by slight fever, and within the space of a day or two an eruption is seen upon the face, arms and neck, and in a few hours more it spreads to the rest of the body. It appears in small distinct patches, paler and more irregular than measles. It may appear lively and red at first, then it acquires a paler tinge, and is attended with a degree of tingling and itching. The pharynx exhibits the same hue, and the patient feels a sort of roughness and dryness in swallowing, but the catarrhal symptoms usually attending measles are not so marked. The eruption still continues bright on the second day, and then, beginning to decline, it fades and disappears about the fifth day. Sometimes it ends by desquamation.

These are the typical symptoms, but other cases may present more severity; the exenthem may be greater, the rise of temperature more marked, the catarrhal symptoms more significant, the post-cervical glands may become swollen, and the disease may present many symptoms in common with scarlatina.

It is in these cases that the diagnostician will often be confused. Whilst the eruption differs somewhat from measles and scarlatina, the diagnosis in many cases, is difficult and perplexing only in proportion to the view we take of the constitutional manifestations.

The efflorescence of rœtheln is not so great as in scarlatina, and the papillæ are more marked than in measles and less marked than in scarlatina. In the Children's Hospital, Chicago,

among 140 inmates, 95 had rœtheln. These occurred within five weeks from the first introduction of the disease. There were no premonitory symptoms. In 25 per cent. the eruption had the appearance of measles, though most of them had measles the preceding winter or spring; in 10 per cent. the bronchial irritation, etc., resembled that of measles. In three or four cases the disease had a tendency to become confluent. Others had papules in the roof of the mouth, and in 20 per cent. there was pharyngitis and laryngitis. In some the pulse rate was high, but the temperature did not rise; nausea and vomiting were rare.

Dermatologists are attempting to subdivide this disease according to the causation and most prominent symptoms. For instance, when it occurs from the summer's heat it is called rœtheln *æstiva*; when in the fall of the year, rœtheln *autumnalis*; when it attacks children in the period of teething, it is rœtheln *infantilis;* when attended with fever, rœtheln *febrilis;* when it attends an attack of rheumatism, it is rœtheln *rheumatica* (*et arthritica*). But such a nomenclature only becomes a burthen, and it is sufficient to know that rœtheln may present shades in its symptoms, and that, too, without sufficient guarantee for such divisions.

As intimated above, a description of rœtheln is not so important here on account of any difficulty in its treatment, as it is to keep up the distinction between it and other exanthems.

We often prescribe a placebo, as something is more satisfactory than nothing; though cases will be met with where actual medication will be required. The eruption occasionally appears and disappears again and again without perceptible cause, or in consequence of violent moral affections, or after the injection of spiced food or heating liquors. The recession of the efflorescence is usually attended by derangement of the function of the stomach, by headache, a state of languor, lassitude and fever, which symptoms require to be treated by moderate abstinence, acidulated drinks, and occasionally by sedatives and gentle laxatives.

In occasional cases of rœtheln the eruption continues through an undetermined period, and hence may assume a chronic form. It may now appear in the form of rosy rings, the centres of which are of the natural color of the skin. These rings are quite small at first, but grow larger in diameter. In the morning the efflorescence is always less vivid; it revives toward evening, and causes itching and tingling during the night, If it vanishes or fades, the stomach becomes disordered, languor, vertigo and pains in the limbs are complained of, symptoms which are generally arrested by a tepid bath and the use of mineral acids.

Thus it seems that rœtheln forms a kind of conecting link between erythema and urticaria.—Professor Younkin, in *American Medical Journal.*

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## *GALVANISM IN STRICTURE OF THE LOWER BOWEL.*

Intestinal stricture has become a lesion of quite frequent occurrence within the last few years, as compared with those of earlier time, and a successful treatment for many cases is yet to be discovered.

A stricture of the bowel situated below the brim of the lower basin of the pelvis is within the reach of the surgeon, and, though its character may even then render it an obstinate affair, some hopes are constantly held out from its accessibility, that it may be dilated or severed and a cure thus accomplished. But passing upward, beyond the ileo-pectineal line, the sigmoid flexure curves backward out of the range of ordinary manipulation, and seemingly defies all attempts at operative procedures for its relief.

It is to the treatment of this class of strictures that I desire to call attention in the present article—stricture of the large bowel above the rectum; though the treatment I shall recommend may also apply to stricture of this part.

Having, within the last six months, had some experience with a case of this kind, in which, at the outset, the prospects were very discouraging, but which, at present are decidedly promising, and, having employed means for relief that may not be generally known to the profession, I will offer, in detail, the plan adopted, avoiding, in a measure, a description of the various medicinal agents thrown in, which, I consider as having exerted little beneficial influence in the case.

The patient, to whom I have referred, had suffered a severe attack of fever of typhoid type, during the course of which there were symptoms of marked intestinal lesion, the pain in the lower portion of the abdomen being intense the most of the time, while, early in the stage of convalescence, she noticed that there was interference with the normal functions of the bowels, and also noticed a gradually progressing occlusion as evidenced by the ribband-like feces. Finally the obstruction became so marked that only fluid feces were passed, and then only under the conjoined influence of cathartics and enemata.

There was severe pain in the left inguinal and iliac regions, much aggravated toward evening, and, at one time, it seemed as though there was an accumulation of pus in the folds of the

broad ligament. I am not sure but this was the case, for free purulent discharges from the bowel were followed by relief from pelvic engorgement, though the pain and intestinal obstruction continued unabated, while the purulent evacuations have been a constant factor since, if not present before the pelvic engorgement was noticed.

Prof. Maclean, of our faculty, joined me in making an exploration of the bowel, per anum, with gum elastic bougies shortly after this, and we demonstrated that the point of stricture was above the ileo-pectineal line and in the sigmoid flexure, a diagnosis which set aside the feasibility of treatment from the employment of any of the ordinary methods. While I was pondering upon the possibilities of the case, mercurious cor. 3d, arsenicum, epilobium and injections of a solution of salicylic acid and borax were successively employed with a view of arresting the ulcerative action, and thereby palliating the difficulty, if nothing more, but little or no benefit was found to follow.

I was now treating some cases of stricture of the urethra with galvanism, and was impressed with the power of this agent in removing these cicatricial deposits. Why not apply the principle to this case? The only objection was the want of an appropriate electrode, and this I finally devised as follows: Taking, for a central conductor or shaft, a spiral brass spring, the coil of which was something less than a fourth of an inch in diameter; I had an olive-shaped terminal made with a projecting neck or shaft a fourth of an inch or less in length to be slipped into the hollow of the spring and soldered, thus securing attachment and conduction. Over the spring I now had a section of rubber tubing snugly drawn and an attachment for a conductor soldered to the other extremity. This constituted a flexible electrode, insulated except at the point, with an olive-shaped metal terminal about three-eighths of an inch in diameter, and with a shaft rather less in diameter and about eighteen inches in length.

With this I was enabled, after a time, to pass the stricture (though this required a number of prolonged and patient trials) and explore the bowel the entire length of the instrument. A stricture was found to exist near the lower extremity of the sigmoid flexure, and another about two and a half inches higher.

The electrode was attached to a conductor and the strength of ten or twelve ordinary sized cells brought into the circuit, the negative current passing to the electrode and the positive being applied over the abdomen and lumbar regions with a sponge.

Shortly after the first application of this treatment the severe pain became markedly ameliorated, and though it would return in twenty-four hours another application would relieve it, while,

on the whole, there was a gradual subsidence of the severe suffering.

But there were objections to this instrument. While it dilated the stricture, it failed to fill the dilated pouch above the point of narrowing where more or less ulceration in all probability existed, and in order to persist in the dilatation a frequent change to a larger size seemed demanded. The device had served a valuable purpose but it seemed lacking the elements necessary to complete a cure.

While realizing these points and pondering on the propriety of ordering a larger sized olive-shaped terminal, I chanced to glance at a paragraph in one of my medical journals which reminded me of the superior qualities of salt water as an electrode. A physician in a German hospital, it was stated, had cured about two-thirds of sixty odd cases of stricture of the bowel with galvanism employing salt water injections. It occurred to me at once that this agent could be made to not only distend the stricture but fill the bowel above and below the narrowed portion and thus bring those parts under the influence of the current.

I therefore devised the following plan for its application and found it completely successful. First introducing one extremity of a section of ordinary rubber tubing, about three and a half or four feet in length and a fourth of an inch in diameter into the anus, it having previously been warmed and oiled, the bowel was moderately distended with from one to three pints of warm salt water—a saturated solution of the chloride of sodium being injected through the tube with a Davidson's syringe.

In introducing the water, I held the metal tube of the syringe near the rubber tubing in the bowel and did not crowd it in until the water overflowed. This was to avoid forcing air into the intestine. After this, the nozzle of the syringe was forced into the tube and the bowel filled. Now I introduced a copper wire into the tube and passed it down near the point of entrance into the anus so that some portion of it would be continually bathed in the salt water, and connected it with the negative pole of the battery, while another copper wire was attached to the positive, terminating in a sponge holder for the purpose of thoroughly galvanizing the entire surface of the abdomen, especially over the seat of pain, as well as the corresponding point in the lumbar region.

I found that by keeping the outer extremity of the tube elevated, the salt water would remain without overflowing, except when there was severe tenesmus, a symptom that quite frequently occurred; but the tube, thus elevated, acted as a sort of water-guage, in which the fluid alternately rose and fell, but always

was in contact with the wire, and thus maintained a constant current. The positive was applied over the abdominal region about ten minutes, and also over the lumbar region as long.

The result of this treatment has been all that could have been expected by the most sanguine. Pain, which was at one time of a torturing character, and hectic fever and night sweats, have vanished. The patient now weighs as much as before her attack of fever, and is able to attend to active duties. The feces when consistent, indicate a calibre of bowel to the extent of more than three-fourths of an inch in diameter, though mild laxatives are still demanded to insure a daily evacuation.

There are still small purulent discharges from the bowels, but I am confident, from the improvement that has taken place thus far, that a permanent cure of the stricture will result, though there may still remain a fistulous, pus-secreting track, emptying into the intestinal canal, the remains of a former pus pocket.

Where intestinal stricture can be reached by an enema, and is above ordinary surgical manipulation, I recommend this treatment as the one most likely to be followed by satisfactory results. The early relief of many of the unpleasant symptoms is also not least among its many points of excellence.

The pain attending the operation is inconsiderable and can be modified to almost nothing by regulating the current. After a while the tenderness will subside and admit of considerable increase in strength.—Dr. H. T. Webster, in *California Medical Journal.*

## SELECTIONS.

### *A NEW TREATMENT FOR VESICO-VAGINAL FISTULA.*

Dr. B. Ruppe, of New York, recently read a paper before the Medico-Chirurgical Society of German Physicians, in which he described the circumstances which led him to the discovery of a novel method of treatment of this condition. He had been hastily summoned to attend a primipara, thirty-four years of age, who was in labor. She had had a severe chill and high fever the night before, and labor had commenced and the bag of waters had ruptured previous to his arrival. The pains were sluggish, and the presenting part could be felt only with the greatest difficulty. It was not until the following day that the pains returned with sufficient force to bring the head within reach, when the forceps were applied and the woman was delivered of a dead child. More notice was then taken of the other

# DISINFECTANTS!

WE DESIRE to direct the attention of the medical profession to a new line of antiseptic and disinfectant preparations which we have recently issued and which embody the latest results of scientific research, particularly those reached by the Committee of the American Public Health Association. We have followed closely the suggestions of this committee, to whose courtesy in furnishing us information and material aid, we stand under obligation. The materials entering into these preparations have long ranked as the most effective disinfecting agents, and the point of superiority claimed for the compounds here presented, lies in the fact, that the ingredinets thereof exist in the proportions best calculated to secure the combined effects.

1. ANTISEPTIC LIQUID.—A colorless solution, free from disagreeable odor. It does not stain the most delicate fabrics. It is an efficient antiseptic and deodorizer, especially adapted to use about the house. Iis constituents are the chlorides of zinc, aluminium, magnesium, calcium, and sodium, with oil of eucalyptus and oil of wintergreen (methyl salicylate). Put up in quart bottles

2. ANTISEPTIC POWDER.—For use in privy vaults, drains, damp cellars, out houses, etc. Its active constituents are ferrous sulphate (copperas), sodium and magnesium chlorides, carbolic acid, and oil of eucalyptus. Put upin 1 lb. packages.

3. ANTISEPTIC TABLETS.—The tablets consist of a porous insoluble base charged with aluminium and zinc sulphates, carbolic acid, and oil of eucalyptus. These are for use especially in urinals, drains and other places where a moderate continuous action is desired. Put up in boxes containing 6 tablets each.

4. DISINFECTANT TABLETS.—Similar to the preceding, but smaller in size, and containing the powerful disinfectant agents, mecuric chlorides, potassium permanganate, and zinc sulphate. For use especially in disinfecting discharges from cholera patients, the clothing, etc., of patients who have had scarlet fever or other contagious diseases. Put up in boxes containing 6 tablets each.

5. DISINFECTANT POWDER.—For the disinfection of privy vaults, and of the excreta in the sick room, during the prevalence of epidemics of cholera, yellow fever, typhoid fever, diphtheria, etc. Constituents, chloride of lime, mercuric chloride, and calcium sulphate. Put up in packages containing 1 lb. and ten lbs, respectively.

6. CONCENTRATED DISINFECTANT SOLUTION FOR CLOTHING (Blue Solution),—One ounce of this solution added to a gallon of pure water will produce a solution suitable for the disinfecting of clothing; also for washing the hands of attendants in the sick room, etc. The active constituent is corrosive sublimate. Put up in quart bottles.

7 CONCENTRATED DISINFECTANT SOLUTION FOR EXCRETA (Red Solution).—One ounce of this soluution added to a pint of pure water will produce an active disinfectant fluid for treating discharges from cholera patients, for use in privy vaults during epidemics of infectious diseases, for disinfecting hospital wards, vessels in quarantine, etc. Put up in quart bottles.

8 LABARRAQUE'S SOLUTION (*Solution Chlorinated Soda, U. S. P.*)—A powerful oxidizing disinfectant, and bleaching agent, capable of evolving chlorine, which attacks the foul gasses that result from putrefaction. Put up in quart bottles.

9. SULPHUR PASTILLES.—To be burned in place of crude brimstone to produce sulphurous acid gas. Put up in three sizes; in boxes containing 1 dozen small pastilles each; in boxes containing 1-2 dozen of the medium size each; and in bricks which contain 1 pound of sulphur each.

For the use of Boards of Health, Sanitary Committees, Public Institutions, Hotels and other large consumers we sell any of the above preparations in bulk. In sending for prices please state amounts of each required.

## PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

# Cocaine Hydrochlorate

(MURIATE OF COCAINE.)

AND

# COCAINE HYDROBROMATE

PURE IN CRYSTALS.

THE CRYSTALLINE FORM THE BEST GUARANTEE OF PURITY.

The extraordinary demand for the muriate of cocaine has flooded the market with a crude product, hastily prepared, and having no appearance, even under the microscope, of crystalline structure. None of it has been free from a tinge of color, and it produces a solution more or less colored.

Some of the European manufacturers have supplied a pure article, which is not only wholly free from color, but possesses a distinct crystalline structure. The price of this crystallized article has been held firmly at a higher figure than that of the amorphous salt, which, obviously, does not bear in its form the guarantee of its purity.

CRYSTALLIZED MURIATE OF COCAINE.

We have been the first among American manufacturers to produce a crystallized muriate of cocaine, and WE INVITE COMPARISON OF OUR PRODUCT WITH THAT OF ANY FOREIGN OR HOME MANUFACTURER.

We find that the crude amorphous salt, with which the market is now largely supplied, yields only 80 to 85 per cent. of its weight of crystals. The remainder consists of a mixture of alkaloidal salts, the most important constituent being apparently a compound closely related to cocaine, and every possibly isomeric with it, but having a much lower fusing point, and assuming the crystalline form with difficulty, if at all. It is clear, therefore, that the colorphous salt is not equal in value to the crystalline, which latter is the only form in which we offer the salt itself.

COCAINE HYDROBROMATE VS. COCAINE MURIATE.

Of all the salts of cocaine the crystallized muriate is that which hitherto have given the most complete satisfaction; it is likely, however, to find a formidable rival in the CRYSTALLIZED HYDROBROMATE OF COCAINE, which we also manufacture, and to which we desire to call the attention of physicians. Those who have used this salt declare that its effects are more powerful and more promptly produced than those of the muriate

While, therefore, we would especially commend to our medical friends these crystallized salts of cocaine in substance, we shall be pleased to supply to those who still prefer to use the drug in this form solutions of these salts, which are prepared with the greatest care, of the strength stated below.

We offer the following preparations of cocaine and shall be pleased to furnish on application prices and any desired information regarding their use:

**Cocaine Alkaloid,** (Pure in crystals).
**Cocaine Citrate,** 4 per cent. solution.
**Cocaine Hydrobromate,** (pure in crystals).
**Cocaine Muriate,** (pure in crystals).
**Cocaine Muriate,** 2 per cent. solution.
**Cocaine Muriate,** 4 per cent. solusion.
**Cocaine Oleate,** (containing 5 per cent. of the alkaloid).
**Cocaine Salicylate,** 4 per cent. solution.

## PARKE, DAVIS & CO.,

*Manufacturing Chemists, DETROIT, MICH.*

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

symptoms, and it was found that the woman was suffering from typhoid fever; and three days later it was discovered that she also had a vesico-vaginal fistula of sufficient size to permit of the introduction of the index-finger into the bladder. Dr. Loewe saw the case at this time, and it was determined to operate by Marion Sims' method after the patient had recovered from the typhoid fever. The patient being wretchedly poor and unable to provide the linen necessary for cleanliness, it became a problem how to obviate the irritation and other evil consequences following the constant dribbling of urine. Finally a large wash-tub was procured and provided with three pillows—one for the back, one for the knee-bend, and the third to sit upon.

The patient was placed in the tub, which was then filled with lukewarm water. The walls of the vagina were kept apart by means of a wire speculum. By means of this arrangement all the indications were fulfilled—the urine was prevented from irritating the parts, and the general temperature was brought under control by the bath. To the water, which was frequently renewed, was added at first an infusion of chamomile, but subsequently an oak-bark infusion was employed. The patient remained in the bath twenty-one days. During the third week, the patient frequently said that she had an inclination to urinate, and an examination the day after her removal from the tub revealed the fact that no fistula was present. Dr. Loewe appeared at the appointed time to assist at the operation, but was astonished to find nothing to operate upon.

"In the majority of cases," Dr. Ruppe says, "it would not be necessary to keep the patient in the bath longer than a week."

The method is especially applicable in cases in which an operation is contra-indicated, or in which it has been performed without success, or it might be employed in conjunction with the silver-suture method.—*Medical Record.*

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## *DRUNKENNESS AT THE MOMENT OF CONCEPTION; ITS INFLUENCE ON PROGENY.*

In a very remarkable work on alcoholism, Dr. Lentz de Tournai finds this question the most difficult to solve of all the many problems connected with alcoholic intoxication, on account of the infinite shades of difference which arise between two factors—the wholly transient state of drunkenness, and that permanent condition brought about by more frequent, though still transitory, intoxications. Demeaux is one of the very few writers who have made a careful examination of the question, and from the cases he succeeded in bringing together he felt

justified in the general conclusion that drunkenness in the parents at the time of conception is one of the principal causes of the nervous affections which often beset the new-born child. He also finds that the intelligence and the moral senses of such progeny are tainted with the influence of the vicious habit. The child born of parents who were in a state of alcoholic intoxication at the moment of conception is ordinarily carried off by convulsions or other nervous troubles. If it lives at all it remains in a condition of epilepsy, idiocy or imbecility, and has a tendency to indecency, immorality, and general depravity. As an adult he has an aspect peculiar to the diathesis; his head is small, his physiognomy hebetudinous (*hebete*), and his gaze stupid and expressionless. M. Lentz does not fully accept Demeaux's conclusions except so far as they may be correct in cases of fully commenced alcoholism, rather than in episodical drunkenness. He points out the curious fact that the first-born child is usually—among the working-classes at least—conceived while its parents were more or less under the influence of alcoholic drinks. Indeed, it is rare among these people to see a wedding repast at which the newly married man is not acutely affected by alcohol. Yet we do not observe, he says, that the eldest children of workingmen are more liable to suffer from hereditary evils than those born afterward. Still, the question is an open one. Certain it is, that history and tradition present some ideas and facts which cannot be ignored in the consideration of this matter. Even mythology incorporates the idea that evil results from toxic conceptions. M. Lentz remembers that the lame Vulcan was conceived whilst Jupiter was intoxicated with nectar. He also cites some of the more prominent facts of history concerning this matter as showing the general concensus of the ancients respecting it. "Young man," said Diogenes, to a stupid child, "thy father was drunk when thy mother brought thee into the world." Aristotle believed that a woman given to drunkenness would engender drunken children, and Plutarch affirms the same thing. The legislation of Lycurgus favored drunkenness in his conquered tributaries in order to stifle their aspirations and develop in them and their descendants such instincts and appetites as would tend to keep them slaves. In Carthage the laws forbade the drinking of anything but water on days of intended marital cohabitation. Hippocrates himself signalized the unfortunate effects of drunkenness at the time of conception.—*Jour. de Med. et de Chir.—New York Medical Abstract.*

## *THE EARLY DIAGNOSIS OF TYPHOID FEVER.*

Dr. Hardy calls attention to the following symptoms which he regards as in a certain sense characteristic of typhoid fever in the earliest stages (*L' Union Medicale*, No. 6, 1885): There is cephalagia, most often frontal, but sometimes occipital, and radiating into the neck, which may be somewhat stiff. The patient lies habitually on the back, and seldom moves. The face is somewhat pale, the countenance without expression, in general serious and grave, and a smile is seldom provoked. When the person is addressed directly he answers briefly and in monosyllables, although the intelligence is at this period usually unimpaired. There may be a little delirium at night, and insomnia is very constant. The tongue is red at the edges and at the tip, but whitish on the dorsal surface. The spleen is increased in volume. Diarrhœa, when present is accompanied with iliac gurgling. The temperature is elevated, but the pulse is not very frequent, is full and resisting, and sometimes dichrotic, though this is of less common occurrence than is generally supposed. The urine is usually diminished in quantity. The so-called *tache cerebrale* is readily produced, but of more importance, as more especially diagnostic of typhoid fever, is the *corde musculaire*. If the biceps muscle be pinched between the thumb and index-finger and snapped like a guitar string, a circumscribed contraction will occur at that point with the formation of a hard, tense swelling, which disappears after a brief period. If the patient, in whom no well-defined local trouble can be discovered, presents all the above-described symptoms, the diagnosis of typhoid fever can, Dr. Hardy claims, be made with almost absolute certainity.—*Medical Record.*

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## *USES OF CONCENTRATED FOODS.*

One of the most effective combinations in dyspepsia, cholera infantum, and diseases resulting from imperfect nutrition is maltine with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one. Dyspepsia in most cases will yield to this combination, while the system is invigorated by its nutritive qualities. It is useful also for constipation and chronic diarrhœa resulting from malnutrition. Maltine may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides—and is a remedy of high value in all depraved conditions of the blood. The maltine manufactured by the Maltine Manufacturing Company of New York bears a high name, and this has been still further emphasized by the award of the gold medal of the

Health Exhibition, London, for their malt extract (malted wheat, barley and oats)—the only preparation composed of these three cereals. Professor Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that maltine is the richest in two of the most important ingredients in those foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine consists of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: five and a half per cent. of flesh-formers; seven per cent. of heat-givers; two per cent. of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in maltine a most valuable adjunct to our invalid diet. In respect to the diastase, maltine seems remarkably energetic, and at the temperature of the human body one part liquified "twenty parts of starch in two minutes," and had completely changed or digested that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain. By combining these three important substances—barley, oats and wheat—a food is obtained which represents the average composition of the three cereals, and food already digested for use—a condition of immense value to the physician in those special cases where the digestive functions are impaired. —*Midland Medical Journal, Leicester & London*, Jan. 1st., 1885.

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## *AN ALMOST PAINLESS MODE OF INTRODUCING A CATHETER WHERE THERE IS A HYPER-ÆSTHETIC CONDITION OF THE URETHRA.*

This consists in introducing the nozzle of an ordinary male urethral syringe (previously filled with water as warm as the patient can bear) into a soft catheter, and injecting the water slowly as the catheter is gently passed along the urethral canal.

If the bladder is not entered by the time the first syringeful is exhausted, refill the syringe and proceed as before.

You will find that the water will regurgitate between the catheter and urethral wall till the catheter has reached the prostatic portion, thus lessening the danger of injecting too much water into the bladder.

My experience with this method is very limited, yet it has proved very successful in the few cases I have had, and as I have never seen an account of it in any medical works or jour-

nals, I submit it to the profession for a trial and report of its success. The following is a case showing its value:

J., æt. 20, male, of nervous temperament, suffering from cystitis (the result of a gonorrhœa of several months' standing), which was attended with all the suffering characteristic of this trouble, and with an abundance of pus, mucus, blood, and heavy deposit of the phosphates in his urine.

He had to micturate every twenty or thirty minutes, both day and night, and had been so for two months, so I concluded to wash out his bladder; but on attempting to introduce the catheter, (which was a soft rubber one), I found the pain so intense as to cause spasm of the sphincter vesicæ, thus rendering all efforts at entering the bladder fruitless. The thought then occurred to me, that by injecting warm water and putting the urethra slightly on the stretch, I could pass the catheter; so I procured the syringe and again started the catheter, keeping a steady flow of water playing on the urethra, and very much to his comfort and my satisfaction, I succeeded in entering his bladder without causing, as he stated, the least pain.—Dr. Stamps, in *Med. and Surg. Reporter.*

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## *TREATMENT OF CARDIAC HYPERTROPHY OCCURRING IN YOUTH.*

Germain See observes (*Archives of Pediatrics*, May 10, 1885) that in the hypertrophy of adolescence, as well as in the hypertrophic ectasis of childhood, the treatment should be exclusively cardiac, in other words, general tonics should yield to those which have a direct action upon the heart. Meats, however, raw or rare, and finely divided, should be partaken of in abundance. Digitalis is exclusively used (by the author) for temporary purposes; convallamarine is always to be approved, and the same is true of iodide of potash, the latter being considered one of the most poweful cardiac and respiratory agents. Digitalis is recommended for children in the form of a cold maceration of the powdered leaves, the dose being five to ten centigrammes of the powder. It is indicated in the arythmical forms of hypertrophy, and especially in cases of infantile cardiac dilatation, but its continued use provokes intollerance, loss of appetite, vomiting, and in some cases a kind of paralysis of the vagi. Iodide of potassium acts not only upon cardiac dyspnœa and the so-called cardiac asthma, but it has a powerful influence upon the myocardium as well as upon the vessels, increasing their contractile energy. It facilitates respiration at once, and effects a lasting tonic action upon the heart. From eight to

fifteen grains may be given daily in the class of cases under discussion. Usually its use may be continued for months with no greater discomfort than the iodic coryza, or anorexia. Convallamarine is usually well tolerated, rarely troubles the digestive functions, and has no cumulative action like digitalis. In a very extensive experience with this drug, the author affirms that it has always sustained the contractile force of the heart, regulated the cardiac rhythm, produced a cessation of palpitations, and facilitated respiration and diuresis. It is very soluble in dilute alcohol, and may be given to children in doses of one-third to two-thirds of a grain. It has also been successfully given in valvular troubles, in Basedow's disease, in agina pectoris, palpitations, and all the painful affections of the heart. The unfavorable symptoms quickly disappear under its use, especially when combined with the iodide, and the commendation which it receives is unqualified.—*Medical Record.*

## *THE HYDRANGEA ARBORESCENS.*

The value of this native plant in renal affections was first made known to the medical public by the former editor of this journal, Dr. S. W. Butler. Recently Lambert & Co., of St. Louis, have combined the active elements of the plant with lithia in a preparation called "Lithiated Hydrangea," which unites the virtues of both these remedies. In the *Chicago Weekly Review* two cases of rheumatic gout with renal complications are reported by Dr. F. S. Senier, of Waukesha, Wis., where this preparation in doses of a drachm, thrice daily, largely diluted, acted with prompt and satisfactory effect. The combination seems to us a happy one.—*Medical and Surgical Reporter, Philadelphia.*

## *SWALLOWING OF ARTIFICIAL TEETH; A NEW METHOD FOR THEIR REMOVAL.*

Artificial teeth have probably been often swallowed. Too hard for digestion and not provided with sharp-pointed edges, as a rule, they cause very little inconvenience. More dangerous is the swallowing of whole sets, as in such a case a plate, with all its hooks and pointed edges, has to pass through the pylorus and the ilio-cæcal valve. If it were possible, after such a plate had been inadvertently swallowed, to send some substance after it that could envelop the pointed and "hooky" plate with a material which might remove the sharp points, the greatest danger would be removed. But thus far this substance has been a desideratum

unfulfilled. In the April 13, 1885, number of the *Deutsche Med. Zeit.*, however, we find a communication which, on account of the ingenuity of the procedure, and of its complete effect, is highly interesting and deserves further dissemination through the columns of the *Medical and Surgical Reporter.*

A dentist by the euphonious name of Geisselbrecht, in Furth, was sent for one night by a servant girl, who, during sleep, had swallowed her artificial teeth. The set consisted of a rubber-plate with four canines and four bicuspids, which plate was attached by the aid of gold clamps to the natural teeth. On examination, the neck of the girl was found to be swollen and painful to the touch in the region of the larynx. The examination of the pharynx gave no result; the set had disappeared; but with the use of the œsophageal sound it could be felt. But as the plate had already passed too deeply, there was no prospect of its being extracted, and G. pushed it with the sound into the stomach through the cardiac orifice.

Now comes the interesting part of the procedure. That the plate might pass on through the intestinal canal without injuring the the latter, G. induced the girl to swallow a lot of cotton thread (spool cotton), which was first cut into small pieces and incorporated in the white of an egg beaten to snow. The intention was to have the threads, steeped into the white of the egg, wrap themselves around the sharp points of the plate and thus prevent their injuring the intestines.

The result has been a brilliant one; four days later the girl brought the ominous plate, and the latter was found to be completely enveloped, overspun, as it were, by the cotton threads. The patient said that she had no pain, or any other inconvenience either, while the plate was resting in the bowels or during its passage out.—*Med. and Surg. Reporter.*

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## *SUCCESSFUL TREATMENT OF HAY FEVER.*

If a successful treatment of hay fever has been discovered it will be a great boon to those weeping, wheezing, afflicted sufferers, who in the time of roses and new-mown hay, or when the pollen of insignificant weeds pervade the air, are obliged to travel to certain regions to find relief.

These unhappy individuals, according to Dr. Sajous, possess "as a result of heredity or of disease implicating markedly the nervous system, nerve-centres which have become abnormally sensitive and are therefore inordinately influenced by the external elements to which they respond."

As a result of local disease the nasal mucous membrane

becomes hyperæsthetic and transmits to the abnormally sensitive nerve-centres the impressions made by the "external elements" (pollen, etc.), which results in a paroxysm of "hay fever."

These are the three conditions necessary for a paroxysm, and when one is absent, as in the case with the external visitants a portion of the year, and all the year in certain regions, it will not take place. Hence to cure the disease is to render the hyperæsthetic nasal membrane oblivious to the annual visitation of the external cause. The writer maintains that this can be done by cauterizing the hyperæsthetic portions of the nasal membrane, which he has accomplished with pleasing and permanent results by means of the galvano-cautery or acids.

He describes these hyperæsthetic areas as consisting of three —posterior, middle, and anterior. The posterior area is implicated when reflex asthma is the most prominent symptom; the anterior when the head symptoms alone are present; the middle is the starting-point of all the symptoms combined.

He recommends that abnormal conditions of the nasal cavities, such as hypertrophies, polypi, exostoses, etc., be eradicated before using the superficial cauterization. The best results are obtained by instituting treatment six weeks at least before the onset of a paroxysm, though it may be conducted during a paroxysm resulting sometimes in an arrest of it or a beneficial modification. Immunity depends on the thoroughness with which the treatment is conducted.

It would seem from the perusal of Dr. Sajou's monograph on the subject that the hay fever might become unknown, provided its victims would put their hyperæsthetic nasal membranes under the treatment of an adept in rhinology. The banishment of hay fever from the list of diseases would be a boon to all except the hotel-keepers of those resorts where, since the "external irritant" does not lurk in the atmosphere, the cause is removed and a cure effected.

With the mechanism of the disease still in mind there remains one other method, which will be as much superior to that advanced by Dr. Sajous, as his is better than the now prevailing method of changing abode, namely, that of finding a remedy which will act directly upon the abnormally sensitive nerve-centres. We commend this to investigators.—*Medical Record.*

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## *A PERFECTLY ASSIMILABLE COD LIVER OIL.*

Experience, the greatest of all teachers, has demonstrated that, in a large number of cases, Cod Liver Oil is beneficial for a few weeks, that the patient improves upon it, gains flesh and

strength, but, unfortunately, this improvement does not continue; right in the midst of flattering prospects the patient comes to a halt, ceases to gain weight, or otherwise improve. Physicians have experimented for years in their endeavor to overcome this objection; it has finally been accomplished by Drs. G. Overend Drewry and F. C. Bartlett, of London, England, who, by means of pancreatine, have succeeded in perfectly digesting or hydrating the oil, thus giving to the profession cod liver oil in a perfectly assimilable form, overcoming the only objection to its continued use. This hydrated oil is christened Hydroleine, and after nearly five years of extended trial it has been extensively approved of.—*Canada Med. and Surg. Journal.*

## *TREATMENT OF ACUTE EPIDIDYMITIS WITH FULLER'S EARTH.*

This substance was recommended some time since by Professsor Botkin, of St. Petersburg, in the treatment of aneurism, and of certain peripheral neuroses, and more recently Dr. Lukashevitch has employed it with success in the treatment of acute epididymitis. He makes the earth into a paste with water and applies it, spread upon cloth, to the inflamed testicle. It is necessary to renew the application two or three times in the twenty-four hours, and they are to be continued for from four to six days. Their almost constant effect was an alleviation of the pain within a few minutes, and at the end of two or three days the swelling began to diminish. The author attributes the good results obtained to the metallo-therapeutic properties of the clay, but it is not improbable that the cure was due to the constant moisture and pressure of the application rather than to any therapeutic properties residing in the substance itself.—*Gazzetta Medica di Roma.—Medical Record.*

## *OATMEAL WATER IN DESQUAMATION IN SCARLET FEVER.*

Mr. George Smith states in a note in the *Bristol Medico-Chirurgical Journal*, that he has for several years been in the habit of having his patients sponged over the whole surface of their bodies twice a day—commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until desquamation is complete—with a mixture of one ounce of oatmeal to one pint of boiling water. The solution must be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of the finger. His

reason for using this particular form of scalded, not boiled, oatmeal, is that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing their removal, from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease. Secondly, this same gluten fills up the cracks of the new skin and protects it from cold, as, patch after patch, it becomes bare, and thus greatly lessens the risk of the dropsy which often follows this disease.—*Medical and Surgical Reporter.*

## *COCA IN PHTHISIS.*

Dr. J. Blake White states that he has for several weeks been testing the effects of coca in phthisis, and the results thus far obtained tend to confirm his belief in the therapeutic value of the drug in this and other wasting diseases. "Prescribed in some cases of advanced phthisis associated with great physical depression it exerted a wonderful tonic effect, substituting a cheerful and hopeful state for one of despair, and in proportion establishing an improved condition of health. In some cases in which night-sweats were quite profuse the remedy seemed to have exercised a controlling influence. A more refreshing repose and a better appetite were observed in patients who had taken the wine of coca for a week or more, when prior to this treatment insomnia and anorexia were painful symptoms." Dr. White adds that coca is now being thoroughly tested in his service in Charity Hospital, and he hopes to be able to supplement this notice with a more full report concerning the value of the drug in the management of consumption.—*Medical Record.*

[We have recently been using Wine of Coca (Metcalf's) in a case of phthisis in a young man. While we have no expectation that the marked improvement which has taken place will be permanent, still the use of the remedy has been very satisfactory producing a decidedly invigorating and tonic effect.—Editor Journal.]

## *COCAINE IN OPENING BUBOES.*

A correspondent reports this case in the *Medical Age*, May 25:

"G. L., æt. 35, had syphilitic bubo, leaving extensive sinuses, which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform, and it was decided to give cocaine a trial. A four per cent. solution was injected into the fistulous

canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—'less than a pin scratch,' to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals."—*Med. and Surg. Rep.*

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## *SALICYLATE OF IRON IN RHEUMATISM.*

Dr. C. C. Duffy, of 263 West Fifty-fourth Street, writes to call attention to the value of salicylate of iron in the treatment of rheumatism, particularly when occurring in the subacute form. The impoverishment of the blood, so commonly occurring in the later stages of an attack of rheumatism, is to be attributed, he believes, not only to the disease itself, but also, when salicylic acid is exhibited, to the action of this substance upon the iron of the blood. He was in the habit, for a time, of prescribing some form of iron in alternation with salicylate of sodium, but met with no signal success. He then determined to exhibit the remedies in combination and has had most satisfactory results. He uses a mixture each dessertspoonful of which contains eight grains of salicylic acid, four grains of sodium salicylate, and one grain of ferrous malate. This is the usual dose, though sometimes even double the quantity is given. Dr. Duffy relates two cases of a number in which he has used salicylate of iron. The first case was that of an engineer, twenty-six years of age, suffering from an acute attack of rheumatism, involving both knees and ankles and the left elbow. The salicylate of iron mixture was given in dessertspoonful doses every four hours, and at the end of three days the patient was able to return to his business and has remained well. The second case was one of an acute exacerbation of chronic rheumatism occurring in a domestic, twenty-two years of age. She had had her first attack three years previously, and for the past six or eight months had never been free from pain, though able to perform her ordinary duties most of the time. The salicylate of iron mixture was given in the usual dose four times a day. At the expiration of about a month she was entirely relieved. In neither of these cases were any local applications made to the affected joints, nor were any other remedies employed. In a number of other cases a similar treatment was followed by equally good results, and in no instance was it necessary to resort to any other medication.—*Medical Record.*

## *PROLONGED GESTATION.*

The question as to whether it is possible for gestation to be prolonged beyond the normal physiological limit has been frequently discussed and has numerous advocates on both sides of the fence. Hence, the case which Dr. L. B. Almy reports in the *New England Med. Monthly*, March 15, 1885, is worthy of note:

Mrs. W., who was under his care for uterine difficulty, menstruated on January 14, 1883. On February 11, he was sent for, and found his patient suffering from pain in the back and pelvis; but no signs of menstrual flow. He used some simple remedies for twenty-four hours, and then suspected that she might be in a family way, a thing which he did not think probable on account of her condition. Such proved to be the case, however. Quickening occurred June 1, and he naturally expected the confinement about October 21. That date came, and no signs of labor. She had fleeting pains on the 10th of November, but labor did not set in till the morning of the 21st day of November, 1883. Labor was normal until the third stage, and a girl weighing seven and a half pounds, but of extreme length, was born about 11.30 p. m. There was hour-glass contraction of the uterus with retained placenta, and the puerperal state was complicated by an attack of peritonitis, from which she fortunately recovered.

He found that there had been but one exposure during the month of January, eleven days after the commencement of menstruation, making the pregnancy continue 311 days, counting from the beginning of menstruation, or 300 days from the time of connection. The child died of pneumonia when three months old.—*Med. and Surg. Reporter.*

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## *TWO CASES OF ACUTE MYRINGITIS RELIEVED BY COCAINE.*

Dr. B. J. Baldwin, of Montgomery, Ala., has recently seen two cases of acute inflammation of the membrana tympani which were speedily and effectually relieved by instillations of cocaine. The first case was that of a young lady who had suffered intensely for two days, obtaining no relief, from any of the ordinary remedies. There was a blister the size of a hemp-seed in front of the umbo. The Doctor had refrained from using cocaine, relying upon the assertion of Knapp that the drum-membrane was unaffected by this drug. However, he determined to try it at last, and was no less delighted than astonished to find the pain entirely relieved in six minutes after two applications. The blis-

ter disappeared and the ear was well in four days. The second case was that of a man, twenty-four years of age, an inspection of whose drum-membrane showed a tense, yellowish, transparent blister involving the posterior and superior portions. This disappeared in two days without having ruptured. The patient suffered agony for a few hours until a cocaine solution could be obtained, but within seven minutes after the instillation of a few drops of a four per cent. solution was entirely free from pain, and remained comfortable under repeated applications of the drug during the three subsequent days of active inflammation. Dr. Baldwin recognizes that two cases are not enough to base any positive conclusions upon, but he maintains that they are amply sufficient to controvert Knapp's statement to the effect that cocaine will not anæsthetize the drum-head.—*Medical Record.*

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## *CONTINUOUS TRACTION IN THE TREATMENT OF POTT'S DISEASE.*

The following case is narrated: Patient, a female seven years old; hereditary history, good. Four months ago her neck began to grow stiff, and soon the head began to droop forward; no complaint of pain, and no crying at night noticed; the general health had remained fairly good. On examination, the head was resting on the sternum, and at times steadied by the hands. Attempted passive movement in any direction elicited an anxious look, but no complaint of pain; and the head was found to be absolutely rigid by muscular spasm. There was a sharp angular kyphos at the third cervical vertebra; no evidence of abscess. The patient was put in bed on July 19th, a Sayre's collar was applied, and from it a cord passing over a pulley at the head of the bed, which was elevated, and a ten-pound weight attached. It was soon found that the patient would slide up in bed till the straps from the collar struck the pulley, and released the traction. A harness was then arranged of webbing around the waist and over the shoulders, and passing to the foot of the bed, where it was fastened; from this time the case progressed favorably. The muscular spasm relaxed; the chin left the sternum, and the kyphos diminished. By the end of six weeks, voluntary rotation and flexion were possible to a considerable degree when the patient was lying in bed. By November 15th, four months from the beginning of treatment, the deformity was entirely reduced, and motion free in all directions when the head was supported. When support was removed, however, the head drooped forward, and the patient caught the chin in her hands and complained of the motion. A support was then applied. The doctor thinks

that in certain cases traction, as in hip-joint disease, will relieve reflex muscular spasm and pain more quickly, and give a better result as to deformity, than will fixation alone.—*Arch. of Ped.*

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## *IS TUBERCULOSIS TRANSMISSIBLE THROUGH THE SPUTUM?*

Sirena and Pernice have carried out a series of experiments concerning the transmissibility of tuberculosis through the agency of tubercular sputum. The animals employed in their studies were rabbits and guinea-pigs. Their conclusions may be summed up as follows (*Gazet. degli Ospitali*): The liquid obtained by the evaporation of tubercular sputum is always free from Koch's tubercle bacillus; therefore, when placed upon the cornea, injected into the subcutaneous cellular tissue, or into the peritoneal cavity, it does not give rise to tubercle. 2. Tubercle bacili do not rise in an atmosphere moving over moist tubercular sputa, even when the sputa are very rich in bacilli. 3. The respiration for several hours, or even for several days, of tubercular exhalations does not give rise to phthisis in animals. 4. Animals obliged to respire an atmosphere charged with the dried dust of tubercular sputum do not catch phthisis. 5. The subcutaneous injection of tubercular sputum produces for the most part a specific abscess, as is proved by the presence of the tubercle bacillus in the pus; then, after a variable period, it produces tuberculosis of the abdominal and thoracic organs. 6. Injection of tubercular sputum into the peritoneum produces at first local and then general tuberculosis, capable of successive inoculations in animals. 7. The injection of solutions of tubercular sputum into the trachea, even in animals affected with broncho-pneumonia, does not cause a specific infection, but for the most part a septic croupous pneumonia, characterized by the existence of micrococci in the exudation.—*Med. Record.*

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## *MARRIAGE AMONGST BLOOD RELATIONS AND EPILEPSY.*

In the *Deutsch Med. Zeit.*, April 13, 1885, we find the following interesting communication of Dr. Klinkenberg, of Aix la Chapelle. As a result of marriage between two first cousins (children of brother and sister respectively) five children were born. Of these, three suffered from epilepsy in its gravest form and from epileptic mania, so that they had to be transferred to an institution as incurably insane. The fourth child has thus far been apparently healthy, while the fifth, a boy, had epileptic

seizures from time to time until he was seven years old. He now is twelve, and has had no attack since the time mentioned. But he also suffered for a long time from diurnal and nocturnal incontinence of urine, which was finally cured by the application of the constant galvanic current. As the children were epileptic from their birth, as the family history does not indicate the least neurosis, not even neuralgia, or hysteria, or any other nervous disease, and as not only none of the parents, but also nobody in the family for generations has ever been a confirmed drunkard, there is scarcely a doubt that the epilepsy of the children is due to the blood-relation of their parents. This is the more probable, as such cases have been frequently reported.—*Med. and Surg. Reporter.*

## *HICCOUGH CURED BY THE EXTRACTION OF NINE NEEDLES FROM THE EPIGASTRIUM.*

Liegeois has described in the *Revue Med. de l' Est* (January 4, 1885) a case of intractable hiccough in a nervous woman, aged twenty-one. The paroxysm lasted twenty-four days, and was so violent that the whole body was skaken, and the noise could be heard at a distance of forty yards. Bromide of potassium and ether had been given without success. Chloral and hyoscyamine produced a temporary improvement, but the paroxysms reappeared after a time. Opium and atropia were then administered, and the hiccough ceased for about a month, when a new attack occurred. Five months later, a small abscess formed in the epigastric region, and a needle, which projected through the skin, was extracted by the patient's sister. An incision was then made by Dr. Liegeois, who found eight other needles in the subcutaneous tissue. This operation was followed by a complete cure, but the author is unable to state whether the needles had been swallowed or introduced under the skin by the patient herself.—*Medical Record.*

## *SWALLOWING OF THE TONGUE.*

Dr. George W. Major thus writes in the *Canada Med. and Surg. Jour.*, May, 1885.

"Swallowing of the tongue," though a recognized possibility, is of rare occurrence. The literature, upon this subject, is meagre, but few cases having been recorded. Additional interest may attach to the following report, in that the phenomenon was observed with the laryngeal mirror:

Betsy K., widow, æt. 30, a native of Poland, applied at the Nose and Throat Clinic of the Montreal General Hospital, on

March 28, 1885, for treatment. The patient showed syphilitic heredity, as evidenced by a saddle nose and partial destruction of the velum. The latter condition was turned to good account in conducting the laryngoscopic examination. The woman was of a highly nervous and hysterical temperament, she constantly heaved deep sighs, and complained of a sinking feeling, with weakness.

I noticed that repeated acts of forcible deglutition were followed by a deep inspiration, when breathing would suddenly cease; but after a few seconds of suspension, an expiratory effort would be ushered in by a distinctly audible and *clucking* sound, which evidently afforded great relief to the patient.

On examination with the laryngoscope, a clear view was readily obtained. The pharyngo-larynx was very spacious, and beyond a little congestion, was fairly healthy. The action of the ventricular bands and vocal cords showed no tendency to spasm.

On continuing the exposure, the tongue was observed to retract, impinge upon the epiglottis, and then quickly recover its normal position in the mouth. This process which was several times repeated, was followed by a deep inspiration; when the base of the tongue would press down the epiglottis, completely obscuring it from view, and impact itself against the pharyngeal wall, thereby preventing the entrance and exit of air. After a few seconds, the spasm of the tongue would relax, the epiglottis would be released, accompanied by the sound before referred to, and breathing would once more be restored.

The loss of a portion of the soft palate and pillars greatly facilitated these observations and enabled me, on half-a-dozen occasions, to demonstrate the *modus operandi* of this peculiar neurosis, (for such I regard it) to my class in laryngology, at the summer session.

Under tonics and nervines, improvement followed; and though the tendency to the attacks still continues, the act is incomplete, and as a result, respiration is not seriously interfered with.

"Swallowing of the tongue" may possibly be confounded with spasm of the glottis. A knoweldge of its possible occurrence, however, will go far to prevent an error in diagnosis.

I am not aware of any recorded instance, where this condition has been before observed with the laryngoscope. In the published cases, many of which were fatal, division of the frenum linguæ and whooping-cough were the chief factors. In these, the tongue was retroflexed and the tip became wedged in the throat. This was not remarked in my case, in which the difficulty was due to the base of the tongue pressing upon the epiglottis.

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

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# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

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# FLUID EXTRACTS,

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The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

### Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Murlate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions charaeterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

### Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. to | 1 oz. |
| " " " Hot Water, | - - - - - | 12 " | 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 " | 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
Podophyllin, - - - - - - - 1.20 gr. }

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

### Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

### Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

### Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

### Salicylic Acid (in Crystals)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet,

### Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

### Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

### Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

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In the administration of chloroform, "swallowing of the tongue" may occur; but by drawing the tip forward with forceps danger is averted.

A concise report of the literature upon this subject was published by Henning of Leipsic (*Jahrb. fur Kinderheilk.*, Vol. XI., p. 213), and may be found in the *American Journal of Obstetrics*, January, 1878, p. 208.

Dr. J. Solis-Cohen, in speaking of laryngeal spasm, says:

"In some cases of supposed spasm, the tongue is swallowed, as it were occluding the larynx; and this is occasionally fatal." (Cohen on Diseases of the Throat and Nasal Passages, 1880, p. 628.)

Dr. Ingals, of Chicago, reports an interesting case with remarks, in the *Archives of Laryngology*, Vol. II., p. 135.

Not more than half a score of cases have been recorded; but in the absence of laryngoscopic examination, no absolute certainty can exist as to the precise nature of any of them.—*Compendium of Medical Sciences.*

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## *THE TREATMENT OF SEVERE SPRAINS.*

The popular adage that a sprain is often worse than a broken bone is a surgical truth. To the life-comfort of patients and the reputation of practitioners, few injuries are more important than severe sprains. They are causes of acute pain, and often protracted disablement; and, subject to constitutional states, are the most potent factors in the evolution of articular diseases. A severely sprained joint, without actual fracture or dislocation of its constituent bones, may be the seat of extensive structural lesions, such as ruptures of fasciæ and tendons, detachment of ligaments with bony spiculæ, extravasation of blood into joints, tendinous sheaths, and contiguous muscles. With these conditions, swelling is so rapid that bony outlines and landmarks are soon effaced, and diagnostic precision becomes exceedingly difficult. In such cases Mr. Sampson Gamgee (*Birmingham Med. Review*,, February, 1885) believes that an anæsthetic should be administered as a most useful aid to diagnosis, and, at the same time, a potent aid to treatment.

Rest, position, and pressure are, however, the sovereign remedies for severe sprains. Under their influence the process of extravasation is arrested, and that of absorption promoted. By rest is not merely meant the negation of active movement, but the maintenance of absolute immobility, and for this purpose Mr. Gamgee prefers moistened mill-board splints to plaster of

Paris, because the former admits of being moulded, by successive bandaging while drying, as the swelling recedes. In cases of knee and ankle-sprains, suspension in a swing cradle is most useful, while in shoulder, elbow, and wrist sprains, a sling affords great relief after the joint has been immobilized. Immobility, however, must not be too long contined; under uniform elastic pressure swelling rapidly subsides, and so soon as the bony outlines of the joint are restored and the pain is abated, careful movements should be commenced. After the first week a sprained joint should be moved daily, and then rested and compressed, or worked and rubbed, according to progressive indications. Pain and heat are the two signs to watch, and, according to their rise and fall, joint-exercise is to be diminished or increased. In old cases in which heat in the joint is absent, douching, friction, and a continuous galvanic current are powerful for good. Compression, which is so beneficial in swollen and ecchymosed or swollen and inflamed joints after sprain, is paralyzing and injurious in cold and stiff ones. These want freedom, as the inflamed ones require constraint. Mr. Gamgee finally emphasizes the rule that bandaging should never be applied over a naked limb, but over cotton padding.—*Journal Amer. Med. Assoc.—American Medical Digest.*

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## *VIBURNUM PRUNIFOLIUM AS A UTERINE SEDATIVE.*

The *Brit. Med. Jour.*, May 16, 1885, says: Attention was first called to this drug in 1886, by Dr. Phares, who regarded it as a "nervous antispasmodic, tonic, astringenent, and diuretic," and as "particularly valuable in preventing abortion or miscarriage, whether habitual or otherwise." Further trial has been made by Dr. J. H. Wilson, of Liverpool, of its influence in cases of threatened abortion, and several are detailed in a paper in the *Liverpool Medico-Chirurgical Journal*, in which its administration was uniformly successful. In the cases cited, abortion threatened at periods varying from the earlier weeks of pregnancy to the seventh month, and Dr. Wilson found it act as a "sedative and tonic to the uterine nervous system." He believes if given early, and before the ovum is thrown off, most cases of abortion may be prevented. The drug may be given as a liquid extract, in drachm doses, but in this form is apt to induce nausea. An extract, in doses of 2 to 4 grains in pill is more palatable. (Viburnum Compound—Hayden's—is far better). Only in one case was "throbbing of the temples" complained of as due to its

administration. Dr. Wilson admits that several of his cases might have done well under ordinary treatment, but is disposed to believe that "convalescence would not have been so speedy or satisfactory."—*Compendium of Medcial Science.*

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## *GONORRHEA IN CHILDREN WITHOUT SEXUAL INTERCOURSE.*

Professor De Amicis, affirms that he has found spontaneous vulvo-vaginitis, presenting the characteristic gonococci of gonorrhea, in children, and he believes that Neisseis' *coccus* can be found in the discharges of inflammatory catarrh, without any precedent sexual intercourse.

Kroner has found *gonococci* in two-thirds of the cases of opthalmo-blenorrhea in new-born infants which he has examined.

Tischendorf has seen children in the hospital, who had scarlatina, and others who were wearing extension apparatus, acquire vaginal blennorrhagia with discoverable *gonococci*, to which no cause could be attributed. If, therefore, there is a spontaneous blenorrhagia, with *gonococci*, it follows that the presence of these bacteria proves nothing, and that they may exist upon any inflamed mucous membrane. The believers in the specific doctrine claim that blenorrhagic vulvitis is contracted by infection during birth or after it. If one sees fewer cases of vulvitis in infants than of opthalmia, it is because of the almost universal occurrence of head presentations during labor. Only three per cent. of children are born by breech presentation, and of these the males are better protected by nature against infection (during the act of birth) than the girls. After birth the chances of infection from a diseased mother are about equal for the eye and the vagina of the child. It is probable that the *gonococcus* is an evidence of contagion, whether there has been sexual intercourse or not. This contagion may affect the child from the bed, the bath, a soiled rag or sponge, or from the chamber-vessel. In conclusion, it is to be observed that at the present time it is difficult to admit the existence of a spontaneous blenorrhagia, and yet great caution must be exercised, especially in medico-legal cases, before attributing to criminal acts what may be due to accidental causes.—*Archives of Pediatrics.*

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## *THE TREATMENT OF MIGRAINE.*

Dr. Clifford Allbutt has found two drugs useful in the treatment of migraine. The first is guarana, given in two or

three doses at short intervals. This is applicable to those cases which begin with some slight warning in the early day. Croton chloral is the other drug; this should be given in repeated doses until twenty grains in all have been taken. As migraine is a disorder that originates in childhood, the hope of a cure must be based upon a healthful life, a healthful growth, and a healthful education. With regard to tonics a combination of bromides with quinine has answered best; then come cannabis indica and ergot, and after these chloride of ammonium. The well-known fact that ocular anomalies may cause migraine is also duly emphasized by Allbutt.—*Medical Record.*

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## *TREATMENT OF RINGWORM OF THE SCALP.*

Dr. Henry J. Reynolds thus writes in the *Jour. Am. Med. Ass.*, April 4, 1885: The disease being of parasitic origin, and the deep structures—hair follicles, etc.—being involved, the treatment, in order to be effectual, must be such topical application as will be capable of destroying the parasite, and must likewise be used in such a form or way as to penetrate to the bottom of the follicles. Any of the ordinary parasiticide remedies may be used, and are capable of curing the disease, provided the remedy come in contact with parasite. But this is not always so easy of accomplishment, and to facilitate matters epilation, or the removal of the hairs, has been practiced, with a view to allowing the remedy to penetrate to the bottom of the follicles, and with apparent advantage in stubborn cases. Among the remedies used may be mentioned the various preparations of mercury, iodine, sulphur, chrysarobin, pyrogallic acid, chloroform, ether, etc. The mercury may be applied in the form of the bichloride, grs. x to aqua ʒj; iodine in the tincture. The hyposulphite, or the sulphite of sodium, a drachm to the ounce of water, will be found one of the best remedies. In any case, before applying the remedy, the surface should be thoroughly cleansed by the free use of green soap and hot water. In this case we will apply a solution of chrysarobin 15 grs. to the ounce of chloroform, which should be thoroughly and frequently applied. The chloroform has a tendency to dissolve sebaceous and other fatty or gummy matters away, and thereby facilitate the penetration of the remedy down into the follicles. If this proportion seem to create irritation, the strength must be diminished. Care should always be taken to avoid contagion through the medium of combs, towels, brushes, etc.—*Compendium of Medical Science.*

## *OBSERVATIONS ON NIGHT-COUGH ESPECIALLY IN YOUNG CHILDREN.*

Most children who are troubled with this affection show no illness during the day. The following propositions are submitted with respect to affections of this character: 1. Many coughs are not dependent upon any inflammatory or catarrhal processes in the larynx or bronchi. 2. They are not generally dependent upon prior enlargement of the tonsils or pharyngitis. 3. They are dependent solely upon a nasal catarrhal inflammation with its accompanying secretion. Mackenzie has shown that certain areas of the nasal chambers quickly respond to irritants or stimulants, and that an explosive act, like a cough, will quickly follow mechanical irritation to the posterior portions of the turbinated bones and the septum. The author has found that the anterior portion of the nose and septum are also extremely sensitive to irritation. The cough at night is caused by the accumulation of secretions in the nasal passages, some of which passes down the pharynx and touches the epiglottis, or escaping the epiglottis, lodges upon the arytenoid portion of the larynx. Cleansing the nasal chambers and removing the mucus will at once arrest the cough.—*Archives of Pediatrics.*

## THERAPEUTIC AND OTHER NOTES.

A novel advertising scheme.—It has remained for Woolrich & Co. of Palmer, Mass., manufacturers of *Ridge's Food*, to get up the latest and most striking advertising scheme, which they have put on the road. It is in the shape of a Royal Salvo sociable Tricycle, on which V. H. Woolrich and W. H. Higgins are to take an extended trip westward. Attached to the machine is wicker luggage carrier for their personal effects and a quantity of advertising material, which they will have shipped to them at different points along the road. A large umbrella has also been rigged to protect them from the sun on extra hot days. The riders have black Jersey suits, and black helmets with "Ridge's Food Co." in gilt letters on the front. The larger towns only will be visited, circulars, tin spoons, pamphlets, &c., bearing the advertisement of the company distributed. This is the first thing of the kind to be put on the road, and cannot fail to attract attention.

"Camels sometimes live to the age of 100 years." It makes 'em hump to do it, though.

Dr. I. N. Graves, of Dongolo, Ill., writes: I have extensively prescribed Fucus Marina (Peacock's), and find that it will do all that is claimed for it. As a Malarial Antidote, (and to prevent the return of ague after it has been checked) *it surpasses any agent I have ever employed*, I shall continue to prescribe it whenever indicated.

A couple of practical jokers living at a big up-town hotel, bought a terrapin while walking through the market the other day, and slipped it into the bed of a fresh arrival who had just registered. They watched that night until they saw the new comer retire to bed. In about ten minutes a white-robed figure began shouting down the elevator shaft for the landlord. When the crowd got up stairs the victim conducted the landlord to the bed and turned down the clothes. "Mr. Hotelkeeper," said the stranger, solemnly pointing to the terrapin, "I'm from New Jersey, and I can stand most anything, but either that bug or me has got to take another room."

Fellow's Hypophosphites.—This preparation contains the elements essential to the animal organism. It is largely used in the treatment of the affections of the respiratory organs and in nervous troubles, generally with undoubted benefit. See advertisement, and write for samples and descriptive circulars, which will be sent free if you mention the Journal.

"Belmont, N. H., boasts of a woman who goes out and chops wood with her husband." It is quite a common thing for women to mop the floor with their husbands, but we never before heard of chopping wood with them.

## BOOK NOTICES.

Urinary and Renal Derangements and Calculous Disorders. Hints on Diagnosis and Treatment. By Lionel Beale, M. D., Fellow of the Royal Society, and of the Royal College of Physicians. Professor of the Principles and Practice of Medicine, in King's College, London. Price, $1.75. Philadelphia, P. Blakiston, Son & Co., 1885.

Within comparatively recent time the importance of diseases of the urinary organs has become more generally understood by the general practitioner, and works upon the subject have multiplied. This one by Dr. Beale is one of the best on the subject that we have perused. To those who are familiar with the other works of Dr. Beale we need not sound the praises of this book; to those

who are not, we heartily recommend it as an exhaustive and valuable treatise on the subject of renal disorders.

HAY FEVER AND ITS SUCCESSFUL TREATMENT. By Charles E. Sajous. F. A. Davis, 1217 Filbert Street, Philadelphia, publisher.

Dr. Sajous defines Hay Fever as "an affection characterized by periodical attacks of acute rhinitis, complicated sometimes with asthma, occurring as a result of a special susceptibility on the part of certain individuals to be influenced by certain substances, owing to a deranged state of the nerve centres. It manifests itself only provided the mucous membrane primarily affected in the course of an attack, is in a state of hyperæsthesia, and when the irritating substances are present in the atmosphere. Few have had the success in this disease, which has so much baffled the average practioner, as Dr. Sajous, consequently his statements are almost authoritative. The book must be read to be appreciated and we bespeak for it the ready sale which it deserves.

BERLIN AS A MEDICAL CENTRE. A guide for American Practitioners and Students. By Horatio R. Bigelow, M.D. Published by New England Publishing Co., Sandy Hook, Conn.

The author of this little monogram confines himself to Berlin, as the title implies, and gives a minute detail of all the necessities of a student about to visit the German capital, together with a complete summary of everything pertaining to the wants of the student on his arrival. Full particulars of the hospitals, clinics and lectures, also information about hotels, restaurants, prices, shopping, etc. are given, most of which we know by personal observation to be correct, and which will save the buyer of the book ten times its price within the first week.

SANITARY SUGGESTIONS ON HOW TO DISINFECT OUR HOMES. A resume of the latest and best information on the Use of Disinfectants, Deodorants and Antiseptics. Paper. Price, 25 cents. Geo. S. Davis, Publisher, Detroit, Mich.

The question of how to improve the sanitary surroundings of our homes, and those of our patients, always a most important one, is emphatically so at the present time, in view of the approach of the hot season, when infectious diseases are most prevalent, and of the probable invasion of this country by cholera in the near future. If the sanitary surroundings are not what they should be, this little book will suggest the best means of

improving them, for it contains the latest information on disinfectants, and explains in detail how to use them in the household. If the sanitary surroundings are perfect it teaches how they may be kept so, while if infectious disease already exists, it will indicate what measures are to be taken in the sick room, and out of it, to place the patient under the most favorable conditions for recovery, and to protect the well members of the family.

A Valuable Book.

We have just received from the enterprising publishers A. H. Andrews & Co., Chicago, a most useful little volume, called "Look Within for Five Thousand Facts that Everybody Wants to Know." It contains seventy-five pages of condensed information on Mechanics, Statistics, History, Medicine, Astronomy, Finance, Mythology, Education, Mathematics, The Bible, Politics, Agriculture, Religion, Science, Temperance, Trade, etc., etc., in fact there seems to be something for everybody and nothing that some one will not be glad to know. It is embellished with a number of colored diagrams, and is by far the most valuable and complete Pocket Cyclopædia we have yet seen. It is offered for sale at the exceedingly low price of 15 cents, for which sum in stamps it will be sent post-paid by the publishers.

Pamphlets Received.

Bacterial Pathology. A series of papers on the Exhibits of the Biological Laboratory of The Health Exhibition. The Industrial Publication Co., New York.

The Constitutional Treatment of Caries and Necrosis. By Hal C. Wyman, M. D., Detroit, Mich.

Electricity as a Remedial Agent. By Geo. C. Pitzer, M. D., St. Louis, Mo.

Hints on Digestion. The New York Pharmacal Association.

Scientific Californian. Devoted to Science, Art, Hygiene and Humor. San Francisco, Cal.

Medical Jurisprudence in Divorce. By Carl H. Von Klein, M. D., Dayton, Ohio.

Thirteenth Annual Announcement of the American Medical College, St. Louis, Mo.

Dangers and the Duties of the Hour. By Wm. Goodell, M. D., Philadelphia, Pa.

THE HIGHEST AWARD,

**GOLD MEDAL,**

Has been granted to

# Mellin's Food

FOR INFANTS AND INVALIDS,

At the World's Exposition, New Orleans,

**1885.**

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DOLIBER, GOODALE & CO.,

40, 41, 42 and 43 CENTRAL WHARF,

BOSTON, MASS.

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A Sample of MELLIN'S FOOD, sufficient for trial, will be sent free to any Physician desiring it.

# SCOTT'S EMULSION

## PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.

PERFECT, PERMANENT, PALATABLE.

### THE STANDARD EMULSION OF COD LIVER OIL.

Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

**SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.**

# THE PERFECT NATURAL FOOD,

## A NEW PROCESS
## PURE UNSWEETENED CONCENTRATED MILK,
IN GLASS BOTTLES ONLY.

## "SPECIAL CREAM BRAND."

This milk is prepared specially for feeding Infants and Invalids, and is for this purpose certainly the safest, most digestible, nourishing and fortifying food known. It is perfect in composition, contains no cane sugar or other addition, being absolutely pure. It keeps for years in any climate. It is complete in itself and *practically* accomplishes all that typical milk *theoretically* should. It is the perfect food for the prevention and cure of Infantile Marasmus, Diarrhœa, Cholera, Deficient Vitality, Painful or Retarded Dentition and all cases of Malnutrition, Emaciation, and Debility of whatever age. Successful in all cases where milk is usually prescribed.

FACSIMILE OF LABEL
Encircling neck of every bottle.

SEVEN MEDALS awarded and highest testimonials from Medical Experts. Please send for circular, testimonials, etc.

**TO PHYSICIANS.** Notwithstanding the claims made by various advertisers we believe this Milk, when properly diluted and sweetened, to be

## The Only Perfect Substitute for MOTHER'S MILK.

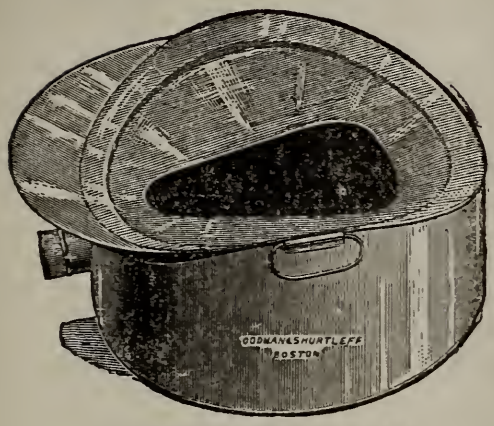
This we affirm after prolonged and varied personal experience.

Please write ℞ **DYER'S SPECIAL CREAM BRAND,**
UNSWEETENED CONCENTRATED MILK.

Depot, No. 62 Boylston Street, Boston, Mass. DR. W. K. DYER.

# VAGINAL DOUCHE APPARATUS.

**Designed by Dr. W. H. BAKER.**




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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# Obstetric and Gynecological Instrument Bag.

**PRICE REDUCED.**

These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

**CODMAN & SHURTLEFF,**

*MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,*

**13 and 15 TREMONT STREET, - BOSTON, MASS.**

# BEEF PEPTONOIDS!

## THE ONLY PERFECT FOOD EVER PRODUCED!

THE NUTRITIVE CONSTITUENTS OF BEEF AND MILK WITH GLUTEN.

*Each Ounce of Powder represents 10 ounces of Beef, Wheat and Milk.*

1st. **Beef Peptonoids,** as now prepared, is both *pleasant to the taste and smell.*

2d. There is no food preparation that compares with it in nutritive properties.

3d. It contains over 98 per cent. of nutritious matter.

4th. One ounce of **Beef Peptonoids** contains more nourishment than five pints of beef tea prepared from eighty ounces of beef.

5th. **Beef Peptonoids** is the only preparation, rich in nitrogenous matter, that is pleasant to the taste.

6th. It has the advantage of being easily and quickly prepared for use.

### *BEEF PEPTONOIDS*

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884, after a critical examination of numerous food productions by a Jury composed of the best chemists in Europe.

"*Beef Peptonoids* is by far the most nutritious and concentrated food I have ever met with. Indeed, a palatable and assimilable and in every way acceptable article of food, containing nearly seventy per cent. of purely nutritive nitrogenous material, has never before, to my knowledge, been offered to the Medical Profession or to the public

PROF. JOHN ATTFIELD, *London.*

"*Beef Peptonoids* has an extremely high nutritive value. It is easily digested and is a valuable nutritive food for invalids and convalescents. Its odor and flavor surpass any preparation of meat ever examined by me. It merits my fullest endorsement."

DR. STUTZER, *Bonn, Germany.*
*Director of the Imperial Chemical Laboratory for Rhenish Prussia.*

"*Beef Peptonoids* is the most concentrated nitrogenous food I have ever examined. It is a *complete food,* consisting of 95 per cent. of assimilable solids of the most nutritious character."

PROF. C. R. C. TICHBORNE, *Dublin, Ireland.*
*Professor Chemistry Carmichael College of Medicine, Fellow of the Institute of Chemistry, President Pharmaceutical Society of Ireland, etc.*

For Sale, in four ounce packages, price $1.00; also for convenience and economy, we put up **BEEF PEPTONOIDS** in 16 oz. tins, which will be sent to any physician's address, post paid, on receipt of $2.50. Sample mailed on application.

Thanking the profession for generous support in the past, we beg to remain,

Very respectfully,

## REED & CARNRICK,

**182 Fulton St., New York.**

# VERDICT

## Maltine.

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, London, 1884, after a critical examination of a large number of Malt Extracts by a Jury composed of the best Chemists in Europe.

**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world.

Send for Pamphlet giving comparative analyses by twenty of the best analytical Chemists in this country and Europe.

There is no reconstructive that excels it in Phthisis and many wasting Diseases.

The following is from an article on

## MALT EXTRACT,

By the late Prof. L. P. Yandell.

"**MALTINE,** in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our mind than there is of the curative power of Quinine, Cod Liver Oil, the Bromides and the Iodides.

**MALTINE** deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

**Extract from recent Article on MALT EXTRACTS AS FOOD, by J. Milner Fothergill.**

"A good Malt Extract is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, Malt Extract is a food which may often be resorted to when at one's wits end what to do."

### LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
MALTINE with Alteratives.
MALTINE with Cod-Liver Oil.
MALTINE with Cod-Liver Oil and Pancreatine.
MALTINE with Hypophosphites,
MALTINE with Phosphorous Comp.
MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates, Iron and Quinia.
MALTINE with Phosphates, Iron, Quinia, and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

**THE MALTINE MANUFACTURING CO.,**

LABORATORY: Yonkers-on-the Hudson. **Office: 182 Fulton Street, New York.**

**Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.**

# 30,000

**PHYSICIANS** are now prescribing **HYDROLEINE**

FOR

# CONSUMPTION

AND

## WASTING DISEASES.

There is a morbid something in these diseases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat and tissue from the body in order to supply the blood with what is demanded by the voracious action of this fell destroyer—consumption.

**Hydroleine** furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase of flesh and weight. In nutritive value, each bottle exceeds in delicate stomachs ten times the same bulk of Cod Liver Oil.

**Hydroleine** is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected.

FORMULA OF

# HYDROLEINE

*(HYDRATED OIL.)*

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | ½₀ " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

In these Treatises the Chemistry and Physiology of the Digestion of the Fats and Oils is made clear, not only by the description of a large number of experiments scientifically conducted, but by cases in which the deductions are most fully borne out by the result.

**Copies of these valuable Works will be sent Free on Application.**

*Wm. F. Kidder & Co.,*

Agents for U. S.

**83 John Street, New York.**

# PEACOCK'S BROMIDES

—(CHEMICALLY PURE.)—

Each fluid drachm contains fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

USES.—Epilepsy, Spinal and Uterine Congestions, Congestive Headache, Cerebral Apoplexy, Enuresis, Dentition, Mania, Meningitis, Eclampsia, etc.

DOSE.—One to two Fluid Drachms, in water, three times a day.

# PEACOCK'S FUCUS MARINA

—(ANTIDOTE TO MALARIA.)—

DIRECTIONS.—To Eradicate the Malaria from the system, One Teaspoonful in water, three times a day. For Intermittent, Remittent, and other Fevers, Five to Twenty Drops, every two or three hours. As a prophylactic against Malaria, One Teaspoonful twice a day.

PEACOCK CHEMICAL CO., St. Louis.

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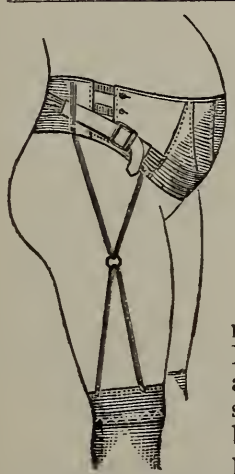
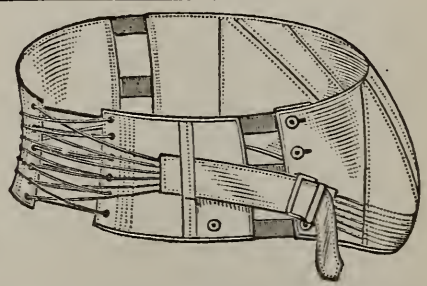


## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

**M. F. LINQUIST, M. D., New Haven, Conn.**

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# Murdock Liquid Food Co.
## BOSTON,

**Wish to draw the attention to the class of surgical cases that they are treating in their Free Hospitals.**

**One Hospital assigned to the members of any Allopathic Society.**

**One Hospital assigned to the members of any Homoepathic Society.**

Enabling any physisian to have a bed for a private case if he so desires. Or any physician can have a bed assigned, and we will take charge of the patient.

**We solicit cases that have not yielded under past operations, or are too weak and exhausted to be operated upon.**

Such cases we can build up in two to four weaks, enabling the patient to have not only a safe but a successful operation, as relapse has never followed in any case that we have had. We are having cases every month that have been operated upon in other hospitals for Fistula without success, and we have been successful in every case.

April 11. Mrs. D. leaves our house, having come to us (March 23d) from another hospital, three operations having been performed on a Fistula with no relief. With us the operation was a success, and she leaves us restored to health. Her treatment with us was a table spoon of Liquid Food four times daily. From the fact that with that quantity of Liquid Food we can in thirty days make ten lbs. of new blood, enables the system to throw off the germs that are in the blood, which would otherwise go to generate another Fistula.

Mrs. D. Had been under Dispensary treatment for a year, with no relief, suffering badly from Laceration of Cervix Uteri; the same having developed into chronic catarrhal inflammation, discharging profusely. The Uterus had a lateral displacement. The general health of the patient has been gradually failing, until now there is emaciation, pallor of face, and general prostration.

March 9, an operation was performed with success.

March 10. With a diet of gruel three times daily, and Liquid Food, a dessert-spoonful every two hours, she realizes that she is gaining in strength, sleeps well, is free from pain.

March 16. Continues to improve, and asks for more Liquid Food, increased to a tablespoonful four times daily.

March 21. Sits up two hours, continues to improve, and will return home within a week.

The friends of Mrs. O., having for six weeks vainly endeavored to procure her admittance to some one of our city hospitals, applied to us to get her admitted here if possible. She came to us on December 11. Reports herself as having suffered since the birth of her last child, twenty-one years ago, from extreme prolapsus uteri, with very badly lacerated cervix and perineum. She was not able to sit up, and was, of course, much prostrated nervously. It was hoped that in three to four weeks we might put her in condition to be operated upon.

She commenced at once with four tablespoonfuls of Murdock's Liquid Food daily, and in twelve days the first operation was performed by a surgeon connected with two of the leading hospitals of the city, the operation lasting nearly two hours and a half. From that she made a rapid recovery, and on January 23 the second operation was performed, which occupied two hours, and she again made a good and rapid convalescence, which, for a woman of 63, who had suffered agonies so many years, we think speaks well for the value of Murdock's Liquid Food as an aid in surgery, having her in our home only nine weeks.

These are a few of many cases that we can furnish to show the value of raw food, which our liquid food is, condensed and free from insoluble matter, which enables us to save life when all other foods and treatments fail.

**And when other foods are available, we can show that with Liquid Food we can build up a patient in half the time usually required.**

BRANCH WORKS:—7 Snow Hill, London, and 384 St. Paul St., Montreal.

First Introduced to the Profession in 1866.

THE

# National Standard Prescription

—OF—

## GYNECOLOGISTS AND PHYSICIANS.

Universally employed wherever its superior merits are known.

## The Viburnum Compound of Dr. Hayden.

(Author of the original formula of the simple and compound Phosphorous Pills.)

It is especially recommended to the profession as a reliable *Anti-Spasmodic, Nervine, Carminative, Tonic and Anodyne* in the following cases:

SPASMODIC DYSMENORRHŒA, MENORRHAGIA, AFTER PAINS, SPASMS, CONVULSIONS, THREATENED ABORTION, GREAT DEPRESSION, SYNCOPE, HYSTERIA, INSOMNIA, DELIRIUM MANIA, GASTRALGIA, NERVOUS IRRITATION, ANGINA PECTORIS, NEURALGIA OF THE WOMB, NEURALGIA OF THE STOMACH, BILIOUS COLIC, CHOLERA INFANTUM, CHOLERA, CHOLERA MORBUS, EMERGENCIES, and in a wide range of cases.

The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

The Viburnum Compound is prescribed by the most eminent medical men in this country, and is recommended by more physicians than any one other special remedy in the world without a single exception.

We assert, without the fear of a successful contradiction, that no physician who has thoroughly tested in his practice the merits of the Viburnum Compound of Dr. Hayden, will on any consideration be without it in the list of his most favorite remedies.

No simple preparations of the Viburnum Opulus, or of the Viburnum Punifolium, will in anywise produce the happy results of the Viburnum Compound of Dr. Hayden.

☞FOR ILLUSTATIVE HAND-BOOK containing general formulas, special directions, interesting matter, and the references and testimonials of more than ***six hundred physicians***, send your address on postal card to the

### New York Pharmaceutical Company,

***Bedford Mineral Springs, Mass.***

Dispensed by all reliable apothecaries. Put up in four, ten and sixteen ounce bottles. Please write for "Hayden's Viburnum Compound," and accept no other.

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**This Book is meeting with great favor. Some Remarkable cures are reported.**

[Prof. Wm. J. Morton, of New York city, in reviewing the first edition of this book in the Journal of Mental and Nervous Diseases, writes as follows:]

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[From Prof. J. K. Bauduy, M. D., St. Louis.]

"Many thanks for your book on electricity, which I have read and value highly. It does you, and St. Louis also, great credit."

[Prof. A. J. Howe, M.D., of Cincinnati, says:]

"Prof. Pitzer is a diligent student, and knows how to make his talents worth something. To those who need directions how to use lightning profitably and scientifically, I commend the work of Prof. Pitzer on electricity. It is worth more than it costs."

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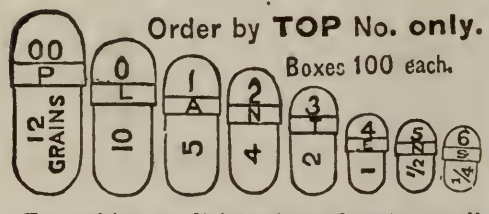


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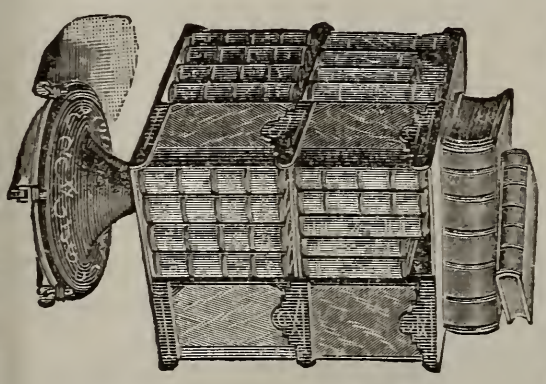

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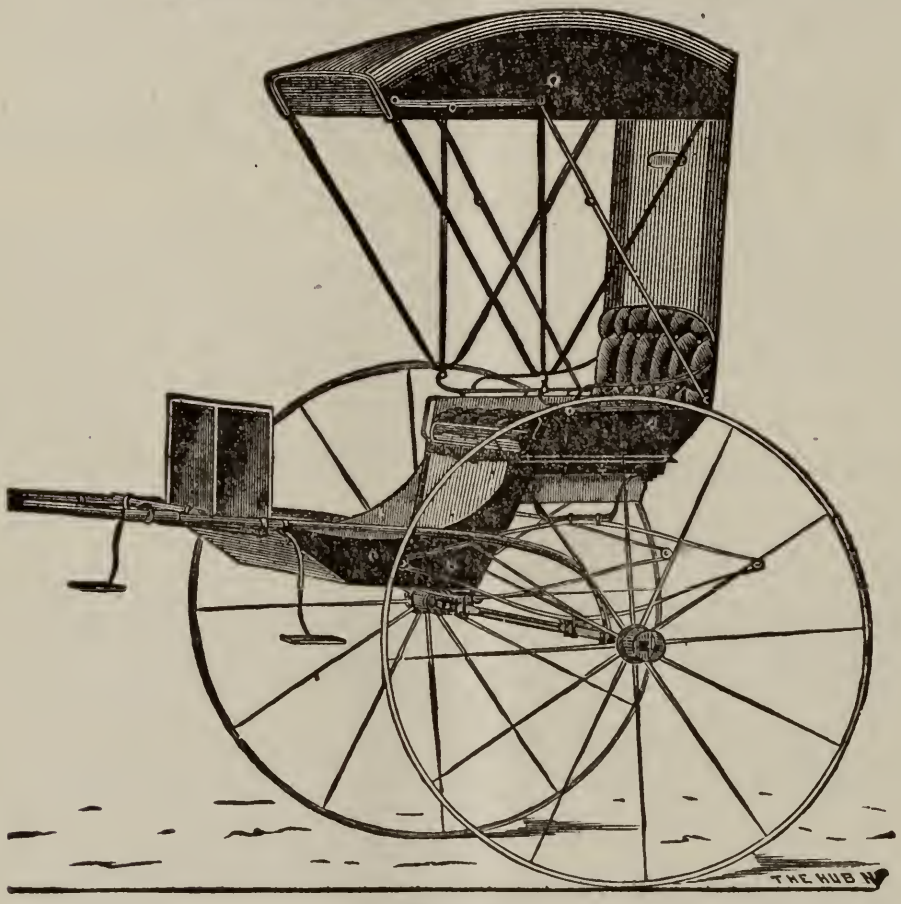


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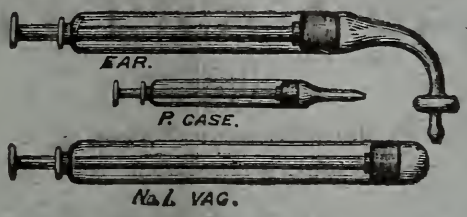


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VOL. 5. SEPTEMBER, 1885. NO. 9.

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*It is taken internally and intended to reach the cause of the complaint, not merely to allay the symptoms. Contains no opium in any form whatsoever. Is attended with no injurious nor unpleasant reactionary effects.*

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C. M. FIELD, M.D.

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AVENIN PILLS.....1-2 grain.
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Dose, one to two, as powerful Uterine Tonic.

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# The Selection of Food for Infants in Hot Weather.

THE many predictions concerning the possible advent of cholera during the present summer, are receiving due attention from medical men and boards of health in our large cities.

Should we have a very hot summer (as is not improbable) there will be the usual "slaughter of the innocents" in the large cities, and we think it important that the attention of medical men should be called to the fact that three-fourths of the cases of sporadic cholera (infantile) are initiated by carelessness in the selection of the food given to bottle-fed infants. We warn adults to avoid such and such drinks, and to eschew certain foods as a preventive of cholera, on the principle that an ounce of prevention is preferable to a pound of cure.

If from the first of June to the first of October every mother would see to it that her infant was fed with easily digested and in every respect suitable food for hot weather, we believe we should have to record at the close of this much dreaded summer a *decrease* instead of an increase in infant mortality.

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**The following testimony will be appreciated by medical men, treating Cholera Infantum, Diarrhoea and Intestinal Inflammation.**

Dr. H. Von Ziemssen of Munich known to the medical faculty all over the world, writing on *Sporadic Cholera.* in Vol. VII of the Cyclopedia of Medicine says, "Regulation of the diet constitutes in fact the principal method of treatment of Sporadic Cholera, and particularly cholera infantum. When mother's milk is insufficient Liebig's Food or Nestle's Lacteous Farina are *alone to be recommended.* The latter is *especially* commendable because the physiological relations of the infantile digestive organs, particularly the lack of notable salivary and pancreatic secretions are taken into account in its fabrication. The starch contained in it having been transformed into dextrin."

Among the French specialists, Drs. Monod and Morpain have indicated Nestle's Food specially as a product of the most wholesome character and *entirely* preventive of Diarrhœa and intestinal inflammation.

With no desire to detract from the merits of other infant foods we have thought it proper to indicate to the faculty the above quotations from a standard work of such a reputation, in view of the probable infantile sickness to be apprehended during the summer of 1885.

**THOMAS LEEMING & CO.,**

**AGENTS FOR NESTLE'S MILK FOOD,**

18 College Place, New York City.

MASSACHUSETTS
# ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, SEPTEMBER, 1885. No. 9.

## ORIGINAL COMMUNICATIONS.

### *A CURIOUS CASE OF STRANGULATED HERNIA.**

BY F. H. WILLIAMS, M. D., BRISTOL, CONN.

AT our last regular session, I had the honor of reading a report of five cases of organic disease of the liver. I now present a somewhat unusual case of strangulated hernia for your consideration. In order to comprehend the singular relations existing in this case between organic changes and reflex symptoms similar to many attacks of functional diseases, it becomes necessary to present to you a picture of both the living expressions and the post-mortem conditions noted. (A very distinct pen and ink sketch accompanied the paper.—ED.) The patient, a female of about 60 years of age, was very corpulent, weighing over 200 pounds. When I first knew her the abdominal and mammary regions were excessively developed. She had also an old umbilical hernia, which would protrude as much as two inches, and when protruded assume a development the size of a small orange. The aperture through which the bowel protruded was sufficiently large to admit of easy replacement. Over the stomach, and nearly hiding the rupture, lay the largely developed mammæ, while just over the rupture and between the pendant mammæ, was situated what was apparently a fatty tumor. The symptoms of which she complained were first a dragging down of the

*Read before the Connecticut Eclectic Medical Society.

bowels, which we tried to relieve by the use of various supporters, but with only partial success. The functional symptoms were as follows: over the left eye was a place about the size of a silver dollar, where she complained of a burning sensation, attended with confusion of ideas,—sometimes she would complain of nearly a complete loss of speech. These attacks were temporary and a part of the general run of symptoms. Otherwise except from being very near-sighted, and having stomachic vertigo, she had no head symptoms. She often complained of inability to swallow, although no lesion of the parts concerned in deglutition could be detected.

The tongue usually had a light coating of greyish saburra such as we associate with malaria. The tip of the tongue was always red and pointed, showing irritation of the digestive system. The stomach had no decided symptom, but the appetite was capricious and she had frequent and copious eructations; which, when not easily effected, produced colic. She had violent pains at times in the region of the liver, with reflex pains under the left shoulder-blade. About the rupture she seldom had pain till near the end. But in the right inguinal region she suffered very much distress, and these pains were attended by catarrhal evacuations. She often had severe pains in the region of the kidneys, with great irregularity of urine. Sometimes it would be copious, and at others very scanty, and occasionally there were minute concretions—uric acid—expelled in it. There was irritation of the bladder with a constant desire to urinate, but this was not a constant symptom. The left little finger at times became sore and swollen, and she had grievous cramps in the calves of her legs, and complained for years that she could not walk because her feet would "ball up into balls." Mentally she was often very despondent. She was firmly convinced that her whole trouble was malaria. She often complained of loss of vision for short intervals, say five minutes. During the past three years she had had an attack of illness every autumn and spring, which it took her several weeks to get up from—her symptoms indicating "malaria."

During the past year the protrusion above the umbilical hernia had grown steadily until it had become large enough to weigh,

I judged, half a pound, at least. It was not painful. About three months before her last illness she began to get up from bed, where she had lain all the autumn, and improved rapidly in flesh and appetite and spirits. One morning I was called in haste and found her suffering from what the friends supposed to be an ordinary attack of "wind colic," but the expression of her face, resembling the awful pain-face of peritonitis, convinced me that the end would be fatal. After using every means of relief, with no avail, we were compelled to resort to hypodermic injections of morphia, which only produced a stupor, and were necessary twice a day, until she died two weeks later. When the pain was at its height, I could easily replace the rupture, and carry my finger under the intestine through the ring its whole length, but this caused not the slightest mitigation of the pain. But we observed then that the upper tumor had suddenly become nodulated, and that each nodule was hard like a cancer nodule. This was a new symptom. Towards the end in her lucid moments, she complained of severe pain between the shoulders. She began to vomit the second day, and the vomit gradually became fecal. An enema emptied the bowels easily at first, and later a diarrhœa set in composed of the products of disintegration, as she took no nourishment, only water. Having diagnosed the case as a strangulated hernia, I called counsel, but the utter abnormality of the case rendered all idea of operative measures impossible. She kept her reason nearly to the end, when freed a little from the morphine, and died suddenly of perforation.

The second day after death we had an autopsy, which revealed the following state of affairs: The small intestines about midway between the stomach and ileo-cæcal orifice had passed through the umbilicus, forming a mass therein, which was partly agglomerated together. The intestine then passing inward through the hernial ring, emerged an inch or so above through a second hernia into the tumor above the umbilicus. This tumor had a perfect pedicle, in the centre of which was the hernial orifice with the tissues prolonged outward like a tube. The tumor itself consisted of three folds of intestine, each about four inches long—or nearly two feet in all—which was folded flat upon itself as one folds a ribbon. The remaining substance of

the tumor was fatty, with connective tissue, and adhesions of neoplastic matter. Of course the exit and entrance of both herniæ were through their proper rings. The entire intestine within the upper tumor was so held and tied down by adhesions upon each other that they could not be separated. The whole length was mortified. This showed that the strangulation did not occur in the rings or orifices as in ordinary herniæ, but came on in the hernia itself without the ring, and that it came on from a pathological increase of connective and fatty tissue in the substance of the growth within which the bowel was imbedded.

For a great many years all the contents of her bowels must have passed through the upper hernia, which never was replaced nor indeed was its true nature suspected. And meanwhile the natural pathological increase of structure within the neoplasm was tending as sure as fate to produce that compression whose end was death. Could any condition be more singular? There was nothing to show that stricture of either hernial orifice had had any causative effect upon the sudden accession of strangulation. I believe this to have been produced entirely by the gradual increase in density of the tumor. The whole of the middle portion of the little intestine was in a state of intense inflammation, and portions were gangrenous. The ilium and the cæcum with their glands were healthy, despite the intense pain which she always referred to them. There were no catarrhal patches below that portion of the intestine involved in the hernia. Above the hernia towards the stomach the intestine was inflamed. The stomach was softened. There were several patches from the size of a pea up to an inch square, in which the mucus membrane was entirely denuded, and in the superior posterior portion of the stomach there was a perforation large enough to admit my fore-finger. This perforation showed no inflamed edge. I am inclined to think it was due to prolonged fasting and inflammation.

The mesentery, peritoneum, spleen and kidneys were perfectly healthy to the eye. The liver was a good deal hypertrophied, and rather darker than usual, but there were no enlarged veins, and the substance was firm and normal in feel. Within the gall bladder were four concretions, which were semi-solid. I present

to you two of these. Upon addition of nitric acid they turn red. Placed upon a hot shovel they melt, acting like beeswax, and burn with an unctious and bluish flame emitting a strong odor. Upon burning they leave no residue. I think they are inspissated bile.

In looking over this case we see how utterly helpless one is in such a condition. No possible operation could have availed. The folds of intestine in the tumor was so glued together that the only way it could be examined was by cross sections. The symptoms of the case pointed to exhaustion of the sympathetic nerve—a neurasthenia of the vegetative nerve—and there were many symptoms in the extremities simulating disease of the cerebrospinal system;—the irritable bladder, the irregular flow of urine, and frequent chills and flashes of heat, the cramps of the thighs and calves, and contractions of the balls of the feet. Yet, nevertheless, all symptoms must have arisen from the compression of the nerves in the tumor, and the general nervous derangement consequent upon abnormal relation of parts. Some of the attacks of colic may have been due to the gall stones, but I am inclined to consider the condition of the liver as secondary to the hernia, and dependent upon it. In such cases what most astonishes one is, not that the person dies, but that the body can accommodate itself so long to such conditions. And that one can arise from four months' sickness, gain appetite, flesh and strength, work around the house, go out doors, and apparently be upon the high road to health, only to suddenly be stricken down and die without any relief, exhibiting so distressing a state of affairs. I have endeavored to give a rough outline of the ruptures and their relation to each other.

I would say that she presented symptoms of decided chill all the fall at 9 a. m. every third day, followed by dragging pains in the limbs. These two symptoms led me after other remedies failed, to try the 30th dilution of natrum muriaticum, in alternation with sulphur 30, of each one drop, four times daily. It was under these medicines that the pressing symptoms disappeared, and we all were beginning to look forward to a reasonably comfortable summer, when death suddenly ended all our hopes.

## *HYSTERIA IN THE MALE.*

BY S. G. WALKER, M. D., NANTUCKET, MASS.

The popular impression is, that hysteria is confined to females. This is not so. The following case derives its interest from the illustration it affords of the occurrence of hysterical symptoms in the male sex, and the influence which slight causes may exert in producing an apparently formidable neurosis.

A few days ago I was hastily summoned to see a man, who was said to be in a dying condition. The patient appeared to be about twenty-five years of age, massive in structure, of elegant proportions, and of remarkable manly beauty. He laid on his back stretched out full length, and continually either moaned, sobbed and flung about his arms, or was affected with stridulous breathing. When attempting to speak or to swallow any fluid he was thrown into a fearful laryngismal spasm, with every sign of being in imminent danger of suffocation. These paroxysms were even excited by the least noise in the room. The man was perfectly rational, and immediately responded to the request of showing his tongue or of changing the position of his body. By the movements of his hands he seemed to indicate that his greatest trouble was in his throat and chest. A physical examination elicited, however, nothing abnormal about these parts. From what I could learn from the people of the house it appeared that the young man was of sober, regular habits, and followed the profession of a veterinary surgeon. He returned in the evening from a call in the country in a very prostrated condition, and complained of having been suddenly taken ill with giddiness of the head, great oppression of breathing, wandering pains all over the body, and a sensation of faintness. On request to give me some information of the previous state of his health, he wrote with a pencil on a slip of paper, that he had suffered with gastric derangement for the last few days and occasional colicy pains.

Sinapisms over the stomach had produced no relief, and it was out of the question to prescribe for him any internal remedies on account of his inability to swallow anything. Thinking that the inhalation of chloroform might do some good in removing the

dysphagia and the evident spasmodic condition of the glottis, and respiratory muscles, I began to administer this anæsthetic, but on taking the first whiff, the patient was immediately seized with one of the paroxysms, which induced me to desist. The great resemblance of some of the symptoms to hydrophobia caused me to make the proper inquiries, but I was assured that my conjectures were wrong. In the course of about half an hour the labored respiration and suffocative attacks were replaced by belching and retching, and the case took altogether a favorable turn.

I left the patient with the direction to soak a napkin with some brandy and water, for him to press out the liquid with his lips, and then to swallow it as best he could. On my next visit I found him perfectly restored, and walking about his room. He had followed my directions, and after repeated failures he succeeded in swallowing a large quantity of the stimulant, and soon after fell into a sound sleep.

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## *MOSAIC AND MODERN DIETARY LAWS.*

BY H. LASSING, M. D., NEW YORK CITY.

A WRITER in a foreign magazine accounts for the longevity of the Israelites by ascribing it to the observance of the Mosaic and Rabbinical laws relative to marriage, the relations of the sexes, the hygiene of married life, and their strict dietary regulations. These latter were evidently designed for the maintenance of health and strength, and protection against disease. Thus we find included among the prohibited sources of food all carnivorous animals, the rodents, the carnivorous and carrion eating birds, reptiles, amphibia and mollusca; a list comprising a complete group of beasts, such as the swine, the mouse, the rat, the cat and the dog, etc., known to be perfect foci of trichinæ and other parasites. The communicability to man of parasitic diseases from animals used as food has long been placed beyond all doubt, it having been established that the parasite is simply transferred from the flesh of the beast to that of the man, in which it develops with frequently fatal results. The explanation of the prohibition of scaleless fish, such as the eel, only recently

made by the scientists bears out this theory: It is that owing to the absence of scales the eel becomes a positive absorbant of noxious gases, more particularly the noxious effluvia of decomposing and therefore poisonous matter.

These dietary laws are not confined to a mere division of all animals into two classes, the "clean and unclean." They prescribe even how much of the bodies of permitted animals may be consumed as food. Thus the use of blood is emphatically and repeatedly forbidden. This prohibition and the importance evidently attached to it harmonize so exactly with the lessons of modern science that it is impossible to regard them as motivated by any consideration other than the public health. The possibility of the blood containing disease germs not immediately affecting the quality of the flesh, is not the only circumstance tending to disqualify it for food. The blood in its normal condition almost invariably contains noxious elements. From the very nature of the double office of the circulatory system this must be so, for while, on the one hand, the blood serves to renew the various parts of the system after their ordinary wear and tear, on the other, it has to carry off the natural waste of the tissues. This waste or refuse is ultimately eliminated by means of the kidneys, the sudiparous glands, etc., and then appears in its avowed character of excrementitious matter; but it must always be, to a certain extent, present in the blood, and in the event of any derangement of the action of the kidneys, accumulates in considerable and highly poisonous qualities. It must therefore be evident that the blood is always an undesirable article of food, especially as it is impossible when an animal is slaughtered to separate the arterial from the venous blood, which would be the only means of overcoming the difficulty.

"We contend," says one writer, "that to use the blood as food approximates very closely to drinking urine, and is not merely loathsome but *pro tanto* unsafe. That like liquid and solid excrement it is valuable for plant food, and that it serves as pabulum for certain classes of animals, is no proof that it is fit for human consumption." The old Jewish Rabbins well knew the importance of this, some seventeen hundred years ago, when they recommended that in slaughtering animals, in addition to

severing the trachea and œsophagus, the blood should be poured out from the vessels of the neck, and this at a time when it was believed the arteries contained only air.

One of the most important features of the Jewish system was an elaborate examination of the carcass before it could be declared fit for Jewish food; this examination prescribed by the Rabbins and faithfully carried out at the present day, is of an extremely vigorous and subtle nature, and completes the system by which the selection of animal food is governed. The conditions on which alone the flesh of animals is permitted to be eaten are singularly minute, and these laws carried out in their integrity, render the consumption of meat affected with specific maladies practically impossible. The lung is specially ordered to be examined and tested so that pleuro-pneumonia, tuberculosis, bronchitis, and pulmonary maladies generally, have little chance of escaping detection. "The extreme care of these early students of physiology (the Rabbins)" says Dr. Maurice Davis, "in their examination of the lungs seems to point to the dicta of modern science which indicate the air passages, with their moist mucous membranes, as highly probable inlets of the morbid particles floating in the atmosphere." Dr. Behrend tells us that the animal diseases transmissible to man through infected meat are seven in number, viz: cattle plague, swine typhoid, pleuro-pneumonia, foot and mouth diseases, anthracoid diseases, erysipelas and tuberculosis. By the observance of Jewish dietary laws it is impossible for animals affected by any of these diseases to be eaten. On the other hand under non-Jewish systems these diseases are sowed broadcast with criminal recklessness. Dr. Carpenter stated some time ago in the *British Medical Journal* that an inspector of the Metropolitan Meat Market in London had declared upon oath that 80 per cent. of the meat sent to the London market had tubercular disease; and a letter addressed by a Mr. Jenkins to the *Times* a few months ago, calculated in reference to this same fact, that "at least 375,000 of the inhabitants (of London) annually run the risk of being tainted with consumption and of transmitting it to their unborn children." What wonder then that tuberculosis claims so many victims?

One of the most important considerations is the quality and character of our diet. The most valued of articles of human food is beef. It was a favorite aphorism of one of our learned professors that beefsteak is the best tonic. This to a very large extent is true, and therefore, all other things being equal, it must be of vital interest to have the supply of beef of the very best and to have it in that condition which will furnish the greatest amount of healthy nutrition in the most suitable form, palatable and at a comparatively low price. To speak on this matter intelligently, it is necessary first to consider what are the characteristics of good beef, what should be avoided and what required in its production.

Good beef then should be bright red in appearance, the muscular parts firm and elastic, the fat hard and light yellow or white, it should be free from all substances calculated to expedite putrefaction, such as exuded blood, bruises or extraneous dirt. To produce such beef it follows that the animal from which it is taken must be in a perfectly healthy condition and of the proper age when slaughtered, and that the process of slaughtering and preparing for market must be conducted in such a way as to obviate anything tending to vary from the conditions just enumerated. Certain conditions may be enumerated which invariably tend to produce poor, unhealthy, as well as unsavory beef, while others just as surely, will result in good, healthy and appetizing meat. No one can deny that long driving and exhausting railroad journeys in crowded cattle cars without sufficient food and water, the animals goaded, beaten and bruised by brutal drivers, frightened by unusual noises, will cause an inflammatory or congested condition of the meat, and can never result in good wholesome beef. Again, the careless handling of the dressed meat, filth and dirt allowed to accumulate about the meat in the slaughterhouse, insufficient emptying of the blood from the carcass, all injure the quality of the beef.

There is yet another consideration, which is that beef should be long enough killed before it is cooked to have allowed of complete relaxation of the contraction of the muscular fibre without permitting even the slightest decomposition to take place. We must not for a moment lose sight of the fact that

any process of decomposition may be arrested by antiseptics yet can never be undone, or in other words, the destructive work can never be so remedied as if it had not taken place. It is clear then that healthy animals of a proper age, well rested, fed and watered, killed in such a manner as to produce the least fright and congestion, dressed in the cleanest possible manner, completely deprived of the excessive blood and animal heat, and so kept as to prevent even the slightest decomposition, will furnish the best, most wholesome and appetizing beef. The last consideration is the availability of such good beef to the largest number of people. The nearer to the point of production and the more direct a product is bought from the producer the cheaper it must be.

In Chicago one thousand miles nearer the vast cattle producing pastures of the far West are the largest stock yards in the world. Connected with the entire Union by the most extensive system of railways centering here, cattle are brought from all directions, but more largely from the vast ranches of Montana, Colorado, Nebraska and Texas, and after being fully rested, fed and watered, are picked out and bought by a vast army of buyers for local use as well as for re-shipment. The cattle having been carefully selected and purchased are driven to the cattle-pens of the slaughter and packing houses which surround and form a very large suburb of Chicago. One of the largest of these beef-dressing places located on the edge of the stock yards is that of the Swift Brothers, whose name on refrigerator cars and large refrigerators in the Eastern markets has become so familiar. Another is that of Armour & Co.

The bullock to be killed is driven into a narrow stall where he is alone by himself. Here he is stunned by one or two blows upon the head which have a double object, one to disable him but the more important object is to drive all the blood possible to the brain and forward parts. After this he is hauled upon the bed of the slaughter house. Overhead throughout the entire buildings is a system of iron tracks, intersecting and connected by switches to which are attached sheaves and blocks with hooks, and these being connected with powerful steam machinery may be run in any direction. After the steer is placed upon the bed

his fore feet are so placed as to open as wide as possible the opening which is to be made in his arteries and thus make sure of the perfect and entire exit of blood. He is again knocked in the forehead until his muscles relax, when a man opens the large arteries of the neck; his head is then entirely severed from the body and he is hoisted up clear of the floor by the hind legs and shoved into another place to make room for a fresh victim; he is again lowered on the floor where he rests on his back, his feet are taken off, the skin taken off the belly and sides, the breast and crotch sawed open and the caul taken off. This caul surrounding the stomach contains the purest fat in the steer and is washed and cleansed to be converted into the finest and most valuable suet oil. At this stage the examination of the lungs is made, and if any evidence of disease is found the carcass is prepared for other uses than refrigerating, as it has already been shown that such meat will not keep. Thus in the self-interest of these Chicago beef dressers lies the greatest safety of the consumer. The carcass is then wiped all over, washed free from all blood stains and other impurities, then hooked and hoisted up part way, the tail is cut out furnishing ample material for the celebrated ox tail soup, the rump is skinned and after being hoisted clear of the floor, two men beat down the fell on the hind legs, another takes the hide off the back, the entrails are removed and the animal is sawn down the spine from the tail, the back is thoroughly washed off and wiped and split down the middle. It is then hoisted further and run on track to more thoroughly drain out the blood, the hide is entirely cut off from the forelegs and neck, the last attachment, and this is done in such a neat, careful way that the hides from this establishment bring an extra price in the market. The neck is split and the carcass is trimmed, carefully cutting off all ragged pieces of fat or meat, all blood stains or bruises. It is again thoroughly washed in two waters and wiped dry, when it is allowed to hang at the back of the beds near the cooler where after being allowed to thoroughly drip it is again wiped and trimmed and shoved in the cooler to be entirely deprived of its remaining animal heat. It will thus be seen that the carcass is not only kept very clean, thoroughly emptied of blood, being about one hour or more in

transit from the pen to the cooler, but none of the meat is ever under any circumstances allowed to touch the floor. The number of men actually handling the animal from the pen to the cooler is forty-two, beside a large number carrying away offal, washing floors and posts, wiping hooks and implements, so that at the close of each days' killing there is no filthy debris or even blood left on the floor. While it is unavoidable for those who do the bloodiest work to keep from soiling their hands and clothing, they are by the strictest discipline, compelled constantly to wash their bodies and the clothing is changed and washed at every resting spell. All debris is instantly removed and worked up to some useful purpose, so that there can be nothing remaining to cause any foul smell or decomposition, and in the various buildings on the grounds, though every process of manufacture of the debris is carried on, no smell of an objectionable nature is perceptible, and cleanliness is carried to such an extent that a lady with kid gloves could fearlessly handle the woodwork of the coolers and the meat therein contained without soil or stain. These coolers or refrigerators are very simple in construction with hollow walls having an ice chamber overhead the cold air from which is conducted downward and thus is kept up a constant circulation of pure air at an even temperature of about 40° F. They have ample room to hold about 7000 cattle. Refrigerator cars are built on a similar principle, and will each contain from 25 to 34 cattle. The meat is usually kept 43 hours before shipment, by which time all animal heat is surely expelled. It is from three to four days on the way to the seaboard, and the ice is re-supplied four times, beef thus sent being at least seven days old when it reaches the market. This beef will keep out of the refrigerators perfectly sweet and wholesome two days, even in the hottest weather. Ordinary beef being not so well cleansed and not having the animal heat so thoroughly removed will not keep nearly so long. The hearts of animals thus killed are always empty of blood, whereas, those killed by other processes are generally full.

There has been considerable prejudice created against this so-called Chicago dressed beef by ignorant and malignant misrepresentation, sometimes wilfully confounding inferior canned

beef which, because it is also packed in Chicago has been called "Chicago beef," and the writer has also seen butchers selling Chicago dressed beef as home dressed beef, while vigorously declaiming against this "Chicago stuff," and pointing out inferior home beef as being Chicago meat. Thus an unfounded prejudice has been created against what is really a wholesome, palatable and cheap article of diet.

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## GLEANINGS FROM ECLECTICISM.

CONDUCTED BY C. E. MILES, M. D.

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### *A CASE OF MURAL PREGNANCY OF FOURTEEN YEARS STANDING.*

MRS. L. J. P——, the victim of one of the strangest of nature's freaks, was born in New York, 1843. She was one of a family of five children, two of whom died in infancy.

In November, 1875, her father died of a fourth stroke of paralysis, at the age of sixty-five. Her only sister died of cancer in the throat, 1879, at the age of forty-two. She was the mother of ten children, three of whom are now living. When Mrs. P—— was seventeen years old, she was married to A. M. P——, in 1860. In December, of the same year, a son was born, who died six months later, of whooping cough. The next child was a daughter, born in 1863, and who is now living, and in perfect health. From the birth of this child until January, 1872, Mrs. P—— enjoyed good health. At this time she became pregnant again, and was examined by several physicians, who, without exception, confirmed her suspicions. At the beginning of her pregnancy she had internal abscesses and a great deal of the time was unable to stand; she was a great sufferer for eleven months. At the end of the ninth month the child failed to make its appearance, and it was presumed that a miscalculation had been made. From this time she was confined to her bed and suffered terribly from nausea, being unable to retain anything on her stomach. She was also subject to intervals of intense pain in stomach and back. At the end of the eleventh month her condition became so alarming, that her husband sent to St. Louis for one of the most prominent gynecologists of that city. He made a thorough examination and expressed his opinion that it was an extra-uterine pregnancy and could be removed by treatment. He advised her removal to St. Louis, and she was carried there by a special train. She was so weak at the time, that she

was carried to the train on a mattress and fainted several times during the removal. She was carried to a hospital where she remained under this same doctor's care for nine weeks, and then went to a private house, where she remained some seven or eight weeks longer, receiving constant treatment.

Shortly after entering the hospital a consultation of five physicians was held, and it was decided that an operation was unnecessary, but thought something would have to be done at change of life. They drew away a fluid (probably ammiotic) by aspirating the abdomen, and six weeks from the time she entered the hospital, she was able to walk. Before Mrs. P—— left St. Louis this physician told a friend of hers that "no matter what had been there, nothing but a fatty substance remained."

Mrs. P—— has alway maintained that she felt life and knew when the child died. She said she felt a strange movement and fainted at the time. Mrs. P—— has been examined by several well-known physicians who have all laughed at her, when she asserted that she carried the remains of a child.

After leaving St. Louis, she went to Holley, N. Y., and during the summer had a stroke of paralysis, from which she recovered in a few weeks, but it so affected one eye that it never regained its natural appearance. From this time until 1880, her health was generally good, but at intervals she suffered with excruciating pains in the umbilical region. These pains lasted several hours, during which time she walked the floor constantly, her only relief being from brandy or whiskey, which she could drink in large quantities without affecting her head, while ordinarily a tablespoonful would affect her.

In October, of 1880, Mrs. P——'s husband died of blood poisoning, caused by an abscess in his back. Four years later, she began having spasms. These were very hard and in less than one year, she had fifteen. Since April, 1885, they have been light and frequent and have been increasing, she having had as many as six in one day, lasting from fifteen minutes to an hour and a half. Her mind has gradually become affected; she became suspicious of her best friends, imagining they were trying to kill her, and was so determined to commit suicide that she tried to procure poison.

She consulted me for the first time on the 25th day of April, and shortly after I made a thorough examination. Per vaginum I found the parts in normal condition, but the os somewhat hard and unyielding. By conjoined manipulation I found a hard foreign body in the hypogastric region, which felt more like a child's head than a fibroid tumor. It seemed to be firmly attached to the uterus, and was very easily moved with that body. She

said that at times it was on one side and then on the other. But generally rested on the left side, where she could distinguish the bones of the head. Shortly after, this diagnosis was confirmed by Drs. Clark and Jay. It was also decided at this time that the prognosis was extremely unfavorable, the complications being so many. The patient, after making several more vain attempts with medicine for the relief of these continued spasms, decided to have the operation performed. Accordingly on the 8th day of June, at 10 A. M., after making due preparations for the worst, the operation was commenced. Ether was administered by Dr. C. E. Starrett, and the operation consumed 55 minutes. I made an incision through the linea alba, extending from the umbilicus to the symphisis pubis, cutting through two inches of adipose tissue I came directly upon the peritoneum. After slitting this on a grooved directory I exposed the sac. After checking all the hemorrhage I made an exploratory incision into the sac. Introducing the index finger, what appeared to be the back-bone of the child was distinctly felt. After enlarging the incision I removed several bones with the forceps. This gave me a clew to the position of the child. The head was pressed down in the left iliac fossa, the thighs flexed on the abdomen. The child was enclosed in a closely adherent sac, and the whole mass enclosed in another sac. By passing the hand carefully between the two I was enabled to loosen the sac containing the child from that which surrounded the whole mass, and removed it intact.

After controlling the hemorrhage by hot water compresses, it was found, on examination, that the sac had contracted to about the size of a common coffee cup. No blood having escaped into the abdominal cavity, the wound was carefully stitched and dressed with the antiseptic dressing.

Dr. J. G. Forrester, who was present, examined the child and found that it was a fully developed boy, weighing 10 1-4 pounds. The hair on the head was very long, and the finger nails projected over the ends.

Mrs. P—— recovered consciousness without unpleasant symptoms. She was perfectly rational and in good spirits. One hour afterwards I administered one-eighth of a grain of morphine hypodermatically.

At 6 P. M. her temperature was 98 1-2 F.; pulse 88; respiration 19. 10 P. M., 99 1-2 F.; pulse 93; respiration 21; and she passed one pint and a half of urine at different intervals, during the 24 hours following, but taking very little nourishment. At 4 A. M., when I was called by the nurse (as she was quite restless), her temperature was 99 F.; pulse 90 and respiration 20; 8 A. M., 99 1-2 F.; pulse 94 and respiration 22; 12 M., 100 F.;

pulse 116 and respiration 25. At this time she was troubled with nausea and vomiting, which continued to the end. She gradually lost her consciousness from this time on, as well as the entire use of her left side. 2 P. M., temperature 98 4-10 F.; pulse 120 and respiration 25; 4 P. M., temperature 98 F.; pulse 125 and respiration 30; 6 P. M., temperature 97 5-10 F.; pulse 128 and respiration 30. Stimulants were of no avail and she kept sinking moment by moment and died at 10.30 P. M.

*Post Mortem.*—The wound was in good condition, no hemorrhage having taken place; no lesion was found. The sac was attached to the intestines posteriorly—anteriorly to the abdominal walls; and also there was a slight attachment to the fundus uteri.—DR. J. B. MCFATRICH, in *Chicago Medical Times.*

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## *HAMAMELIS VIRGINICA.*

THIS is a therapeutic agent which possesses a singular capacity to accomplish desirable results in a wider range of application, *i. e.*, in a singularity of conditions, in a wide range of localities, and developed concurrently with many differently named diseases.

Its special affinity is for mucous and cellular tissues. When said tissues become devitalized, engorged, and hypertrophied, this agent acts specifically in causing their restoration. From the uniform results obtained in certain circulatory lesions, we conclude that this agent imparts to or arouses energy of a more or less permanent character of the vaso-motor nerves.

Just how or through what special channel Hamamelis performs its work of restoration, is somewhat difficult of solution; but probably by energizing the entire sympathetic ganglia. It is avowed by scientists, that solar heat is an essential agent, directly or indirectly, in energizing all organic germs, that they may develop and maintain their growth. Perchance, no one, philosopher or scientist, can satisfactorily explain just *how* this silent, subtle agent performs its most potent work; yet it essentially is incontrovertible. In all such cases, the ultimatum of explanation can only be, "It is a result innate in creation."

So it may well be said of Hamamelis in the world of therapeutics; while we may not be able to explain its exact *modus operandi*, the experimental and critical observer has no difficulty in demonstrating most brilliant results in its rectifying certain morbid conditions of the human economy.

Hamamelis is a splendid remedy in all chronic diseases of mucous membranes characterized by enfeebled circulation of the affected part, capillary and venous congestion, and mucous or

muco-purulent discharge. It is of small importance as to the locality of the morbidity, so the diagnosis has been made with definiteness as to the pathological condition. It may be situated in the nasal cavity, mouth, pharynx, larynx, bronchi, stomach, intestinal tract, vagina or uterus. Hamamelis will be the most important agent in effecting a permanent restoration.

*Uterine Hemorrhage.*—In a practice extending over several years, I have seldom used any agent save that of Hamamelis for the controlment of uterine hemorrhage—used no other because this agent has *proved* to be a sovereign remedy therefor, its effect many times being marvellous. It matters little whether the uterine flux is a catamenial menorrhagia, or is the *sequela* of abortion or miscarriage, or parturition, the same prompt, desirable result ensues upon its administration. I always administer it at the conclusion of labor—have done so in about two hundred cases. It never fails to prevent any undue flow. My faith in it is so positive that I say to my patient: "This will prevent any serious or fatal flow." I have given it in several cases of profuse flooding resulting from abortion or miscarriage. The effect has been prompt and decisive, and the control of the hemorrhage certain in every case. I consider it superior and preferable to ergot in all such cases—very much so, because:

1. It is much pleasanter to the taste.

2. It gives a feeling of tonicity and strength to the entire system.

3. It not only does not aggravate uterine contractions and the consequent pains, but it antagonizes such contractions and pains.

4. It is more certain and positive in its action.

*In Typhoid Fever.*—In epistaxis and hemorrhage from the stomach or bowels during a course of typhoid fever, Hamamelis is a splendid remedy. It is also excellent in controlling a severe or profuse diarrhœa in such cases.

*Varicose Veins.*—Used internally, perhaps also locally, in said conditions, much benefit will be derived therefrom. If œdema exist in connection with varicose veins or ulcers, apocynum cannabinum should be associated with the Hamamelis.

℞. Hamamelis, sp. tinct., - ʒ j
Apocynum, sp. tinc., - - ʒ ij
Aquæ dest., q. s., - - ʒ ij

M. Sig.: Teaspoonful every three or four hours.

*Hemorrhoids.*—In hemorrhoids, even of long standing, much benefit will be obtained by the use of Hamamelis, and often a permanent cure affected by it alone. In most cases, if united

with small doses of nux vomica, the result will be more certain and satisfactory. In bad cases, I use in addition to the internal medication spoken of the following ointment:

℞. Cosmolini, - - - 3 j
Morphiæ acet, - - - gr. xx
Acidi tannici, - - 3 j

M. Sig.: Apply to the affected part two or three times a day.

Keep the bowels soluble with some mild aperient. If this treatment fail, I believe surgical means, so called, must be resorted to in order to effect a permanent cure.

*In Female Troubles.*—In chronic metritis, cervicitis, ovaritis, and vaginitis, the organs and tissues being engorged, pelvic tissues in general partaking of this capillary congestion, and the abdomen being flabby and pendulous, I find Hamamelis a special remedy, rapid improvement following its administration.

*Dose.*—I administer 15 to 30 minims every three or four hours in chronic cases; in acute cases or hemorrhage, 30 to 60 minims at short intervals till the condition is controlled, then at longer intervals as required. Formerly I used the ordinary fluid extract, which is of a dark color and makes a dirty looking mixture, and is not very pleasant to the taste. I now use a colorless fluid invariably, which is aromatic and pleasant to the taste. I select Thorp & Lloyd's specific tincture, or the distilled extract. I claim that a physician's success depends as much upon the character of the preparations selected as upon the name of the drug from which it is manufactured. Hence I select with great care.—Dr. A. W. Bixby, in *Medical Advocate.*

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## *WHAT IS A HYPODERMIC DOSE OF MORPHIA?*

Under the head of *Injectio Morphiæ Hypodermica*, the National Dispensatory contains the following: "The average hypodermic *dose* of this preparation (meaning a given solution) is equal to from one twelfth to half a grain of the salt."

Bartholow, in his *Materia Medica and Therapeutics*, has much to say on the subject; and among other things is to be found the following:

"The physiological action of morphia is best studied as administered subcutaneously. In a short period—from a few seconds to ten minutes—after the insertion of an *ordinary dose*—one-sixth to one-fourth of a grain—under the skin, the symptoms of morphia narcosis begin." Then are recounted the common symptoms which follow a full dose of opium. * * * "Half a grain is the smallest dose of morphia which has proved fatal to an adult.

"The most signal service is rendered by opium and its preparations in the various neuralgiæ. The most effective mode of administration is by subcutaneous injection.

"In the *neuroses of the respiratory organs*, great relief is often afforded by the use of opium in some of its forms. No remedial agent will so quickly cut short a paroxysm of *asthma* as the hypodermatic use of morphia. The paroxysms of difficult breathing, which occur in emphysema, are also readily relieved in this way.

"The hypodermatic injection of morphia has been shown to possess a high degree of utility in cases of *dilated heart*, with difficulty of breathing and *general œdema*. The eighth to the sixth of a grain suffices for this purpose. The effect it has is to quiet and regulate the action of the heart, to allay the distress of breathing, and to permit rest and sleep in the recumbent position."

Standard works on the dose of morphia name from one-fifth to a twentieth of a grain; and even approve of half a grain.

It does not make much difference as to effects with a given quantity of the drug, whether it be administered by the mouth or hypodermically.

The young and the old do not bear the narcotism of opium as well as the middle-aged. A drop of laudanum has thrown an infant into a profound stupor.

No remedy is oftener used than some form of opium; and there is the widest range of doses. No writer on therapeutics would venture to name an efficient dose of opium that might always prove safe. Besides, there are idiosyncrasies of body or individual peculiarities that do or do not stand narcotics well. The poison oak attacks certain persons, and leaves others exempt; so it is with rhus tox. and other vegetable toxicants. If a medical man had administered opium to a person; and the drug provoked no unusual symptoms, he would be justified in giving as much on another occasion, though the last dose proved damaging. Medical men are not always responsible for constitutional peculiarities, unless experience with them has disclosed their nature. There are a number of persons in my practice, to whom I have learned not to prescribe a particle of opium. Instead of putting them asleep, it would keep them wide awake all night. Such personal idiosyncrasies can only be found out by experiment. There is not that exactitude in regard to the dose of any medicine that most people suppose. A single pill might prove cathartic when given to a strong man, yet a whole box might be needed to move the bowels of a delicate woman. A constipated habit—an individual peculiarity—has much to do with such matters.—H., in *Eclectic Medical Jour.*

## *GRINDELIA ROBUSTA IN RHUS POISONING.*

At this time of the year a large number of the people of California are in the mountains camping. An assurance of a long dry spell and even weather warrant many who are in need of rest or who court a holiday for pleasure alone in taking tent, blankets, etc., and going to the woods. Now there is one very serious drawback to such an arrangement, one circumstance which mars the pleasure of a great many—rhus poisoning. The rhus seems to be more virulent here than in the east, and it is almost as omnipresent as daylight. What will relieve the dreadful itching and burning resulting from contact with it in many cases? We have nothing better to offer than the remedy we have several times before recommended:

℞.—Fl. Ext. grindelia rob., ʒ iss.
Aqua pura, ʒ viii.

M. Sig. Bathe the affected parts every hour until better, then as often as seems required.—*California Medical Journal.*

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## *TINCTURA CUPRI ACETICI RADEMACHERI.*

I consider this remedy of much greater importance than is generally supposed. In torpid chlorotic cases, and all cases requiring tonic treatment, it will prove a valuable remedy. I have used it frequently in the treatment of scrofula with the most gratifying results. Its action upon albumen, and its property of absorbing large quantities of ozone, suggested the idea that it might prove valuable in the treatment of Bright's disease. I have used it in one case of albuminuria with the following result.

A little over a year ago, Mr. C——, a farmer aged 45 years, applied to me for treatment. He stated that he had been ailing for about three years, and had gradually grown worse. He had consulted some of the most skillful physicians in Chicago, and other cities, all of whom pronounced his disease albuminuria. All treatment had failed to improve his condition. His physicians had advised him to settle up his affairs, and prepare for the inevitable. When the case came under my care, the patient was considerably emaciated, and of a cachectic appearance. Pulse weak and irregular; appetite poor; sense of weight and uneasiness in cardiac region; somewhat dropsical. He had been troubled with night-sweats for some time, and complained of weakness of the back. His urine had been very bloody for several months, and analysis showed it to be loaded with albumen. I prescribed as follows:—

℞.—Tinct. cupri, f ʒ j.
Aquæ, f ʒ iv.

M. S.—Teaspoonful three times a day, half an hour after meals.

After one week's treatment, there was a slight diminution in the amount of blood in the urine. At the end of three weeks the urine was almost clear, the amount of albumen considerably diminished, and his general condition greatly improved. In four weeks more the urine was normal, and the patient greatly improved in every way.

I continued the treatment a month longer, and dismissed him apparently a well man. He has not taken any medicine for over nine months, and during that time has felt well. At present he is in good health and happy. I hope others may give this remedy a trial, and report results.—Dr. Poland, in *Chicago Medical Times*.

## SELECTIONS.

### *RECENT EXPERIMENTS ON THE SEVERED HEADS OF CRIMINALS.*

The Paris correspondent of the *London Lancet* (May 9, 1885) writes as follows concerning the above: The question has again been mooted as to whether those who have been decapitated suffer; and after additional experiments on the head of Gamahut, who was guillotined on the 24th ult., for the murder of a widowed lady in Paris, coupled with those related by Claude Bernard, the presumption is that they do, for under the influence of transfused blood the blanched features recovered almost their normal expression, the eyelids were slightly open, and the lips quivered for a few seconds, as if to express some perception communicated from the brain. The conclusson, then, is that, so long as the brain contains any blood, the head of the decapitated person, which falls into a receptacle prepared for the purpose, is capable of seeing, of hearing, and of knowing that it is separated from the body. This view, however, was repudiated by Professor Vulpian at the last meeting of the Academy of Medicine on the following grounds: A strong blow applied to the head, or a less severe one to the stomach, would cause instantaneous syncope; that is to say, consciousness would for the moment be entirely abolished. So it would be in the case of the severed head, but of course without any possibility of recovery; the weight of the guillotine falling upon the neck would produce the same result. Moreover, syncope would be occasioned by the sudden division of the carotid arteries, and the consequent emptying of the arterial system of the brain. Therefore, at the very moment

that the brain ceases to receive the vivifying fluid from the heart, it loses all power of excito-motility, as well as all power of sensation; all this transpires as quickly as thought, and its duration may be compared to a flash of lightning. It happened opportunely that a dog that was undergoing some experiments in Professor Vulpian's laboratory was suddenly seized with hemorrhage. Advantage was taken of this circumstance to immediately expose the brain and submit the latter to faradization. Scarcely half a minute had elapsed between the arrest of the circulation and the galvanic irritation. It was impossible to obtain any movements in the legs. The effects of the electricity produced in the muscles of the head and nose were not, according to Professor Vulpian, due to the physiological transmission effected by the brain, but to the neighborhood of the source of irritation; the brain, having lost all power of excito-motility, would in this case act as a mere sponge; and if such a condition was found to exist for only half a minute after the arrest of the circulation, the interpretation put on the effects said to be produced on severed heads by other experimenters must certainly be considered erroneous.—*Medical Record.*

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## *THE PREVENTION OF CONSUMPTION.*

I HEARD from a legal friend of mine, a few months ago, a clinical story which greatly interested me. The lawyer said that he knew a family who lived in an eastern state, several years ago, who nearly all went into consumption. There were originally in the family twelve children. The man and father was a well-to-do farmer, and noted for natural good sense. One of the boys became infatuated with a consumptive girl and married her. In a year the girl died, and the boy came home with consumption. In time he died, and one of the sisters, who was most devoted to him, was the next victim. The disease progressed until seven of the children were buried. The father had learned a lesson from observation, which has taken the medical profession centuries to learn, and when the father learned it he acted with the wisdom he had. After returning from the funeral of the last victim, the father remarked in the evening while standing with his back to the fire, "Well, mother, if another of my children dies in this house with consumption, it will be within a short time." The old man's words were ominous, for that night the house, furniture and all burned down. Fire is the great germicide and disinfectant. A new house was built and there was no more consumption in that family. The methods of preventing consumption are very clearly indicated. The germ has

the power of multiplying itself, and can no doubt be transferred from one person to another. Doubtless the spores of the bacillus saturate the walls and furniture of houses, and in this way communicate the disease.

The consumptive patient, then, must be isolated, and the sputa destroyed by corrosive sublimate, or better by fire. No one should attempt the entire charge of a consumptive patient as nurse, and no one, even in the best of health, should visit a consumptive patient, at least to remain for any time exposed to the contagion.

The chief cause of the great prevalence of consumption is the lack of fear of the disease on the part of the public. The people generally do not know that the disease is contagious, and the reason that they do not know it is because the doctors have been mistaken about it.—*New York Medical Times.*

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## *BEE STING AS A CURE FOR RHEUMATISM.*

*El Siglo Medico* relates the following singular cure from La Paz, Boliva: A woman had suffered so much from rheumatism, that for six months she had hardly slept. Her right arm was so affected that it was quite useless; she could not work with it or dress herself. While in this state she heard of a countryman who suffered in the same way, and who had been cured by the accidental sting of a bee. As the pain caused by the sting could not be worse than that due to the rheumatism, she determined to try the same remedy. Three bees were obtained and made to sting her on the right arm. The success of the treatment was surprising and complete. On the following night she was able to sleep, and the acute pain had all but completely disappeared. The arm was naturally a good deal swollen, owing to the sting, but the swelling quickly disappeared with cold water dressing. The use of the arm gradually returned, and since there has been no symptom of rheumatism. It is said that the same remedy has been equally successful in several other cases.—*Med. and Surg. Reporter.*

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## *THE INJECTION OF CARBOLIZED GLYCERIN IN ACUTE EARACHE.*

The anæsthetic properties of carbolic acid are now much more fully understood and appreciated than some few years ago, though an application of carbolized glycerin to the wound after many operations, and to an exposed nerve in toothache, has long been made use of. Mr. Bendelack Hewetson (*Lancet,*

# POWDER OF BEEF.

A concentrated food of the highest nutritive value.

It represents in an exceedingly concentrated form the total nutritive value of the beef.

It is tasteless, and can be taken for a longer time than the various extracts of beef, beef juices, etc., without exciting nausea.

It is not only more readily digested and assimilated, but also incomparably easier of administration than other concentrated aliments, and may be added to water, or milk, or wine, or beaten up with the yolk of an egg.

Drs. Debove and Dujardin-Beaumetz, of Paris, France, Dr. Lauder Brunton, of London, England, Dr. Henry B. Millard, of New York City, and many others, have given Powder of Beef a most thorough trial, and report that it is a most valuable adjuvant in the treatment of dyspepsia, indigestion, gastritis, ulcer of the stomach, tuberculosis, and in all chronic wasting diseases accompanied by enfeeblement of the digestive and assimilative functions.

☞Send for complete descriptive circular.

# PURE POWDERED BONE.

*A TRUE NERVE AND BONE FOOD.*

For the treatment of such affections as nervous exhaustion, rickets, and all diseases dependent upon a lack of the proper supply of the inorganic elements of the tissues, it is believed that pure powdered bone will be found vastly superior to all preparations of the mineral acids, phosphates, hypophosphites, etc., etc.

*It has the exact chemical composition required for a true nerve and bone food.*
*Its mechanical construction is such as to aid digestion to the greatest possible degree.*
*It is tasteless and odorless.*
*It is miscible with all ordinary foods in the proportions required, without detection.*
*It is inexpensive, and therefore adapted for general use.*

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# ANTISEPTIC COLOGNE.

*Combines the properties of an active disinfectant with those of a refreshing and agreeable perfume.*

ACTIVE CONSTITUENTS.

Thymol, oil eucalyptus and mercuric chloride, which are combined with a cologne of superior quality.

The utility of this preparation will, it is believed, be recognized by pharmacists. It may be employed wherever an antiseptic is indicated, and is free from the objectionable odor which limits the practical use of the antiseptics hitherto available.

Antiseptic Cologne is put up in half-pint bottles, neatly labelled, and with full directions for use. Price: Trial size, 25 cents. In half-pint bottles, $1 00.

☞Send for complete descriptive circular.

# TABLETS OF YELLOW OXIDE OF MERCURY

**In the treatment of Septic Dyspepsia, and as a Prophylactic against Dysentery, Enteric Fever, Cholera, etc.**

In an article published in the Medical Record, April 25, Dr. Achilles Rose calls attention to the use of yellow oxide of mercury in minute doses in the treatment of various intestinal disorders. The results of the use of this agent have been so gratifying as to lead us to manufacture the tablets recommended by Dr. Rose.

We are prepared to furnish them in bottles containg 100 each, and we especially request physicians to report the results they obtain in their use. In case of an invasion of cholera, a trial of this agent as a prophylactic is suggested. We should be especially interested in any observations bearing of this point.

☞Send for complete descriptive circular.

# PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

# LIME JUICE AND PEPSIN.

*A Digestive Tonic, Prophylactic against Biliousness, and Remedy for the Ready Relief of Constipation, Dyspepsia, Anorexia and Mal-assimilation.*

EACH FLUIDOUNCE CONTAINS ONE FLUIDRACHM OF PURE LIME JUICE, AND SIXTEEN GRAINS SACCHARATED PEPSIN, U. S. P.

Lime juice is a grateful refrigerant tonic, and a powerful antiscorbutic. It aids digestion and exerts a general benign influence over the system even in health by promoting and regulating the secretions. A free use of lemons or limes at any season of the year, and especially in summer, is a prophylactic against the many disorders which arise from imperfect elimination of excrementitious products from the system, and especially against the condition generally known as biliousness.

A combination of lime juice with pepsin fulfills a large number of indications, especially in those common cases where there is no actual disease existing, but where there is a sallow complexion, loss of appetite, more or less derangement of digestion, a tendency to constipation and a condition of general debility. It not only restores appetite, and removes the dyspeptic symptoms, but it relieves the condition of physical and mental depression, and gives life new zest.

Being strictly a physiological remedy, it is not liable, like the alcoholic bitters so frequently employed for the same purposes, to create any morbid appetite, and we would therefore especially recommend it as a substitute for these. It should be taken at meal time, either clear or diluted with a little water. One or two teaspoonfuls constitute an ordinary dose.

The lime juice and pepsin is put up in pint and half-gallon bottles, and in bulk. Please send for prices and descriptive circular.

# CHLOR-ANODYNE.

A reliable remedial agent for the relief of the intestinal disorders so prevalent during the summer months. Its extensive use by the medical profession of this country and of Europe has shown its great utility in the treatment of the various forms of diarrhœa, dysentery, intestinal colic, etc. The formula is an improvement upon the proprietary preparation known as chlorodyne, and possesses all the medicinal efficacy of that well-known nostrum, while it is devoid of its objectionable features.

☞Send for descriptive circular.

# PARKE, DAVIS & CO.,

*Manufacturing Chemists, DETROIT, MICH.*

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

April 18, 1885) has found that the injection of a small quantity of carbolized glycerin into the ear in cases of acute earache almost instantly removes the acute pain. He reports a case of a child, 5 years of age, who was suffering from acute pain from a developing inflammation of the middle ear which was entirely relieved in a few minutes by the use of this application. He states that he has repeated it a number of times both in children and in adults, and that in whatever stage it is applied for earache it invariably stops the pain. If the earache returns, as it does sometimes where a perforation has taken place and has again closed, the application of the glycerin and the carbolic acid gives great relief and in some cases stops the tendency to recurrence. In cases of earache from periostitis, either in cases of chronic otorrhœa, or in uncomplicated cases of inflammation of the external auditory meatus, the relief to the pain is not so rapid, but if the carbolic acid and glycerin be allowed to remain in the meatus the relief is obtained in from ten to thirty minutes. There is one way in which it may fail to relieve pain at once, and that is in case it is poured too quickly into the external auditory meatus, when the patient has his head aside, with the lobe of the ear in its natural position. In this way the air cannot escape sufficiently freely, and a bubble of air prevents the fluid from reaching the bottom of the meatus. The proper way is to draw the lobe of the ear forcibly upwards and backwards, as in syringing the ear, to straighten the entrance to the meatus, and then allow the fluid to trickle gently down one side, whilst the air escapes up the opposite side. In cases where the meatus is very swollen at its orifice, he has injected the solution up a fine elastic catheter well covered with vaseline to promote its easy passage, and in this way he has relieved earache when it could not be alleviated except by a hypodermic injection of morphine or such means.

He has taken great pains to arrive at the best strength of carbolic acid and glycerin to attain these results, and he finds that weaker solutions do not cure the pain so rapidly or so effectually as strong solutions, though, of course, they must not be caustic; he does not, however, state what is the exact strength he employs. The glycerin acidi carbolici in this form is not strong enough to be caustic, and can be supplied in a severe earache when a perforation exists quite harmlessly.

He has a further suggestion to make as to the applicability of this treatment, but he says he is only able to support his suggestion by a few successful cases which have come under his own observation. He refers to this application as a means of checking disastrous otitis in scarlet fever, as well as to relieve

the earache in these cases. He is very hopeful on this point; for in one or two instances where he had an opportunity of applying the glycerin and carbolic acid, when a patient first complained of earache in scarlet fever, and the membrana tympani had begun to redden, the relief to the pain was immediate and no perforation took place.—*Therapeutic Gazette.*

## *CREASOTE WATER IN BURNS.*

Creasote water is a simple 1 per cent. solution of wood creasote in water, and like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic, and topical dressing to burns and scalds. This creasote water—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children, and applied by means of a single thickness of thin muslin, or worn out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it, will relieve the pain of burns and scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over.

It is also very effective as a local anæsthetic for general use in all painful conditions which effect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable, by simple management of the strength of the solutions and the mode of application. They are true anæsthetics to the skin, while the much lauded cocaine is not.

The statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, that it is wonderful to notice how the common practice is still to use the old and comparatively useless and hot dressings, such as carron oil, white lead ground in oil, flour liniments, etc., or the newer application of solution of bicarbonate of sodium.—*Squibb's Ephemeris.—Peoria Medical Monthly.*

## *HOT-WATER APPLICATIONS IN HEMORRHOIDS.*

Dr. W. H. Bryant, of Savannah, Mo., writes: "In *The Medical Record* of May 9, 1885, Dr. Bennett gives a short article on the use—or rather abuse—of hot water in hemorrhoids. He makes no reference, however, to its local use, but refers to the popular custom of drinking hot water before breakfast. Many years ago it was the custom with all physicians to direct

their patients suffering from piles to use ice or ice-cold water as a local application. Of late years I have been constantly using hot water as a local remedy, and find the relief is not only prompt, but a speedy cure is the result in every case in which I have used it. My attention was first directed to the use of hot water in the treatment of local inflammation by observing the benefit derived from vaginal irrigation as practised by Dr. Bennett in pelvic inflammations. The method of using the bath for either external or internal hemorrhages, is to direct the patient to sit over a bowl containing the water, as hot as the hand will bear, and with a soft cloth alternately dipped in the water and applied firmly to the anus. This should be continued for ten minutes, and repeated as often as every four hours. The first application gives prompt relief to the smarting and burning pain; twenty-four to thirty-six hours is sufficient to complete the cure."—*Medical Record.*

## *SAND-BAG FOR THE SICK-ROOM.*

One of the most convenient articles to be used in a sick-room is a sand-bag. Get some clean, fine sand; dry it thoroughly in a kettle on the stove. Make a bag, about eight inches square, of flannel, fill it with the dry sand, sew the opening carefully together, and cover the bag with cotton or linen. This will prevent the sand from sifting out, and will also enable you to heat the bag quickly by placing it in the oven, or even on the top of the stove. After once using this, you will never again attempt to warm the feet or hands of a sick person with a bottle of hot water or a brick. The sand holds the heat a long time; and the bag can be tucked up to the back without hurting the invalid. It is a good plan to make two or three bags and keep them on hand, ready for use at any time when needed.—*Popular Science News.*

## *PERIODICAL CHANGE OF COLOR OF THE HAIR.*

A young girl, aged thirteen, of an idiotic type, was admitted into the asylum at Hamburg, April 1, 1880, and died there in 1882. At the age of three she began to be affected with spontaneous movements like St. Vitus' dance, chiefly confined to the head and upper limbs. Between five and six she had become a well-marked epileptic. At four she was able to run around a table; but her powers of progression steadily diminished and the lower limbs passed into a condition of chronic stiffness. When in the asylum, she had fits about every eight to fourteen days; besides, she experienced alterations of agitation and calmness,

each of about a weeks' duration. During agitation the turgescence and redness of the face were most pronounced, the pulse full, skin warm, and actively transpiring, at the same time the mental condition being one of extreme obstinacy. It was often remarked that the hair underwent decided changes of color; sometimes it was blonde and at others red, while the depth of these colors also varied. The alterations in color occurred in the brief space of two or three days: the first appearance of change was observed at the free ends of the hairs; the same tints of hair persisted for seven or eight days. Each of the periods of change coincided with a phase of agitation or sedatenesss. During the excitement the hair always had a red color, while during the phases of stupidity the blonde tint prevailed. The case appeared to be one of genuine pathological change. The paler hairs differed from the darker ones only in the presence of more numerous air-spaces. The structure of brain and spinal cord was much altered.—*Boston Med. and Surg. Journal.*

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## *COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.*

The experience of Bono with cocaine in affections of the genital system can be conveniently epitomized as follows (*The Therapeutic Gazette*, June 15, 1885): 1. An injection of a few drops of a two per cent. solution of cocaine removes promptly the pains felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four to five times daily. 2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless. 3. The burning pains of blennorrhœa in women yield invariably to small cotton tampons saturated with a two per cent. solution of cocaine, or to the application of a five per cent. cocaine ointment. 4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope. 5. It allows of a painless cauterization in balanoprostatitis. 6. Pointed condylomatæ can be painlessly cauterized, excised or scraped out with its aid. 7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration. 8. Taken internally during an antisyphilitic treatment, cocaine did not present any appreciable effects. 9. Its local effects are highly beneficient in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.—*Medical Record.*

## *PIN SLING.*

Mr. Samson Gamgee, consulting surgeon to the Queen's Hospital, Birmingham, describes in the *Lancet* a convenient device for a sling, which will commend itself for its simplicity. A gentleman consulted him for a painful condition of the tip of his little finger. To secure the benefits of physiological position and immobility, he bent the elbow at an acute angle and raised the hand; then pinching up the sleeve at the wrist he fixed it to the coat by a strong safety pin. With another pin he attached a fold of the sleeve to the coat just under the elbow. Rest was absolute, the finger waxed pale and easy, and the patient went to his office duties in comparative comfort. A third pin, fixing the inside of the arm to the body of the coat, adds greatly to immobility. In this position Mr. Gamgee has found one pin very useful in steadying the shoulder of a young lady who had had it dislocated three times. She had barely recovered from the last accident when she was very anxious to go to a ball. By fixing with a safety pin the inside of the sleeve to the bodice, a trusty, yet invisible checkmate was provided, allowing freedom of hands but barring abduction. These are trifles, only noted apologetically, because *pro re nata* they may be useful.—*N. Y. Med. Times.*

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## *COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.*

The limits of usefulness of cocaine do not seem to have been reached. The sphere of its therapeutic activity, is on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection he holds it has no rival in marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one per cent.) of the hydrochlorate of cocaine. Within one or two days the fissure will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even possibly benefit the child when irritable and restless.—*Therapeutic Gazette.*

## *A CIRCULATORY RIOT.*

The piles! aha! I knew them well, each feature, though I may not see 'em; old foes, which fume, and fret, and swell, and vex and plague my perineum. You blush at mention of a "pile," and would, perhaps, the theme avoid; well then, suppose, for style, we call the thing a hemorrhoid. Though bearing an ill-omened name, it seemed as if they might not pain us, when first, as visitors, they came and took up lodgings in the anus. But now, at each succeeding bout, the pelvic pains appear distincter, and there can be no longer doubt of their relations with the sphincter. You ask me, by what obvious sign one may with certainty detect 'em. Well, I can only say that mine are like a hornet in the rectum, which, having wandered from the way, and angry at the situation, stings right and left while yet it may, and tortures one in defacation. "Avaunt! it is a vulgar rhyme." Yet stay, there must be means to cure 'em! Oh, yes, if you but give them time, and meantime patiently endure 'em, there are a thousand cures you know, all certain sure, as dead-shot candy; 'tis well to buy a score or so, and lay them by to have them handy. And when the hornet's rage is spent, and things assume their wonted quiet, the cure—though it may not prevent—will quickly quell the painful riot.—*Canadian Practitoner.—Peoria Medical Monthly.*

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## *FUEL FROM SEWERAGE.*

Dr. Klein in *Sanitarian*, gives the following method of utilizing the contents of privy vaults:

"Take a vault containing forty barrels of excrement, throw in one barrel of chloride of sodium (salt). Twenty-four hours after, throw in fifteen bushels of unslacked lime. This will form chlorinated lime; the fumes may be started with four ounces of nitric acid. Let it remain for eight days; then it will all be dissolved and the contents disinfected. Next add seventy-five pounds of sal soda. This will solidify within ten days, unless there is a very great excess of liquid, in which case the proportion of lime may be increased, thus completely and entirely disinfecting and deodorizing the mass; and it may now be made into bricks which will take about thirty days to dry in the open air, and be ready for use as fuel. It is odorless and in every way cleaner than any other fuel known. It can be seen that all the ingredients used with the animal and vegetable matter have disinfectant qualities. It produces a better flame and retains more heat then Alleghany coal; the salt and soda both having flame-inducing qualities, and the lime the heat-retaining quality.

The question now arises as to the expense of producing this fuel. We will therefore estimate on forty barrels of excrement.

| | |
|---|---|
| 1 barrel of salt - - - - - | $1.00 |
| 15 bushels of lime at 12c. per bushel - | 1.80 |
| 75 pounds of soda at 1c. per pound - - | .75 |
| Labor (one day) - - - - | 2.00 |
| Total - - - - - | $5.55 |

This will equal three tons of coal at the rate of $3.50 per ton, making the total, $10.50, almost within a fraction of one half the cost of the cheapest fuel we have on the market."—*Chicago Medical Ttmes.*

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## *MUSK.*

A VERY important and almost entirely neglected remedy in adynamic febrile conditions is musk. Many years ago Trousseau very earnestly called the attention of the profession to the value of the remedy in the treatment of adynamic pneumonia of drunkards, and the wonderful effects which I have seen in such cases led me to employ the remedy in typhoid fever. Thus, in a case of an old man over 70 years of age, who for twenty years had been perpetually intoxicated, who was wildly delirious, fighting furiously so that he had to be tied in bed, a dose of musk would produce calm lasting for six hours, when the old delirium would return. The reason that musk has fallen so largely into disuse is probably because its expensiveness has led to its being employed in too small doses. What the proper dose of pure musk is we have no idea, because there is no reason for believing that we ever see this drug in a state even approximating purity; but of the best commercial article there is no use in exhibiting less than 10 grains. It is best administered by rectal injection, the dose being suspended in an ounce of mucilage of acacia, to which is added 10 to 20 drops of laudanum, in order to secure its retention. The indication to meet which musk is given in typhoid fever is a sudden collapse. Perhaps the use of the drug can best be illustrated by briefly speaking of two cases in which its effects were very marvellous. In the one case I was called in consultation to see a young woman in the fourth week of typhoid fever. I found her with a markedly sub-normal temperature, with a pulse that was rising and so rapid and feeble as scarcely to be counted, and with a skin bathed in cold sweat. The expression of the countenance was Hippocratic, the extremities icy cold, and as she lay upon her side there was perpetual retching and regurgitation without

effort. No medicine or food had remained upon the stomach for some hours. I said, "What is the use of calling me to see this case? she will be dead in a few moments;" but suggested, after some hesitation, a trial of the musk injections. I did not hear further from this case for some months, until, accidently speaking to the gentleman who had called me to consult upon the typhoid fever case which he had lost, he informed me that the woman had not died, but under the influence of the musk her skin had dried, her temperature risen, the pulse gained in force and lost in frequency, and the stomach become retentive, so that the small doses of pure brandy given were kept down, and finally the case progressed well until convalescence. In a contrasting case with this, a boy, aged 18, was in the fifth week of an exceedingly violent attack of typhoid fever; the temperature, which had already become irregular in its rhythm, one day swung violently upwards: it was 105 1-2° F. and still rising. The lad was put in the ice-water pack; this reduced the temperature in twenty minutes to 102° F. He was then taken out, but half an hour afterwards the temperature had again risen above 105° F. The renewal of the pack caused an exceedingly rapid fall, showing that the resistive vital forces were very feeble. The second time the temperature rose towards 160° a few moments after the boy was taken out of the pack, and again it was reduced by the pack; again it rose as rapidly as before, and there seemed no way of controlling the fever save only by the perpetual use of cold water, which was of course out of the question. The rise of temperature, it should be stated, was accompanied by great nervous disturbance and by delirium: there was excessive anxiety, the fear of impending death, perpetual restlessness, almost convulsive in its tossings. A full dose of musk was ordered, and in the course of twenty minutes the temperature had fallen below 103° F., the pulse had gained greatly in strength, and the nervous restlessness was completely abated. The symptoms in these two cases were seemingly antagonistic, and yet they rested upon the same condition of vital exhaustion. In the one case the vaso-motor centres had given out, and there was a corresponding fall of bodily temperature. In the other case the nervous centre, which inhibits the production of animal heat, entirely lost its power, and its sudden paralysis was followed by immense rise in the bodily temperature. The stimulant action of the musk had in either case the effect to restore power to the exhausted nerve-centres. The great indication for the use of musk is such sudden giving out of the nervous centres which preside over organic life. In the last case mentioned these paroxysms of exhaustion were sometimes

marked chiefly by peculiar rigors simulating those of an intense and very adynamic pyæmia. Nothing would control these rigors so well as musk.

In the employment of musk in adynamic conditions of the body, it must be remembered that it is one of those remedies that rapidly loses its power by repeated employment; its use, therefore, must be economized, and the injections ought not to be repeated oftener than is necessary, or indeed to be given until demanded by the pressure of urgent necessity—H. C. W., in *Therapeutic Gazette.*

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## *CREDE'S METHOD OF DELIVERING THE PLACENTA.*

It will be conceded by all physicians that the conduct of the third stage of labor is frequently the most important duty of the accoucheru. The great importance of thoroughly emptying the uterus of all the secundines is emphasized by the prevalent ideas of the septicæmic origin of puerperal fever. After the pains and trepidation of the second stage of labor are over, the relief and satisfaction experienced by the patient and friends are frequently in contrast with the annoyance of the physician at the non-appearance of the placenta, coupled with an uncertainty as to the most desirable manipulation to hasten its delivery. That much harm may be done by making excursions into the uterus, particularly with fingers not thoroughly antiseptic and by violent massage of the abdomen, cannot be doubted. The method of expectancy that will patiently wait, perhaps for hours, until unaided nature expels the placenta, finds scant favor in this bustling country. Although certain Germans, having continual fear of puerperal septicæmia, may be willing to wait with folded hands great lengths of time, we fancy the average American physician would find it equally difficult to restrain his own as well as the patient's uneasiness at undue delay. Some means or other being employed to hasten the emptying of the uterus, it may de well to notice particularly what constitutes the method of Crede, as many books and writers are rather obscure upon this familiar subject. Simple kneading of the abdomen and more or less severe pressure over the uterus do not, as supposed by some, constitute Crede's method. The object of Crede being only to assist nature, all violent and unnecessary manipulations are to be discountenanced.

As soon as the second stage of labor has been completed, the accoucheur must aim to effect a loosening of the placenta by encouraging the uterus in tonic contractions, and this is best

accomplished by "gentle stroking movements over the largest possible surface of the uterus." When *clonic* contractions begin, by which agency the placenta is to be expelled from the uterus, this organ is to be grasped by the outspread fingers and hand, and pressure be made at a time when each contraction reaches its greatest energy. The pressure upon the uterus is to be made in the direction of the hollow of the sacrum. Sometimes in this manner the placenta will be expelled from the uterus with the first contraction, and nearly always by the sixth or seventh pain.

Crede considers that if the placenta has not been delivered within thirty minutes, the case is no longer physiological, but pathological. It is thus seen that this method aims to imitate and aid nature in getting rid of the after-birth by exaggerating the contractions with which this is to be accomplished. Indiscriminate kneading and pressure in the interval of the normal clonic contractions is forbidden as unphysiological and wrong. Crede aims to expel the placenta, having the membranes intact, without manual interference within the genital organs. In an article in the *American Journal of Obstetrics*, Dr. Baruch, after reviewing the different plans of managing the third stage of labor, including a thorough description of Crede's method, concludes that the latter should be better understood and practiced by American physicians. He would, however, somewhat modify the last stage of the proceeding, by placing two aseptic fingers within the vulva, or partly within the vagina, until the uterus recedes. The mass is then gently removed until the membranes are put upon the stretch, being held in this position while the index-finger gently presses against the membranes, near their placental attachment, until the uterus relaxes its hold upon them, and the whole mass drops. By this plan it is endeavored to insure a complete removal of the membranes.—*Medical Record.*

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## *HOW TO TAKE A PILL.*

A VERY large class of persons cannot swallow a pill of any description or make; to this class I belonged until last winter, when I had occasion to take chininum sulph., and by a simple method that Dr. E. S. Hanna told me of, I was enabled to take pills as easily as the most confirmed pill-consumer.

Another class of persons succeed in taking pills but by a mighty effort, sometimes hours before taking the dose they begin to make up their minds, as we say, to swallow it without any ado, but as the hour for taking the dose draws near they think of jellies, preserves, prunes, etc., in which to more easily swallow the pill, and even then how often does it end in failure?

The modus operandi of Dr. Hanna's method which I had tried with complete success on many patients, who were taught by their former experience that it was impossible for them to swallow a pill—at least, in the ordinary way—*is to place one or more pills under the tongue.* I repeat, to place one or more pills under the tongue, then take a mouthful of water or other liquid and swallow (just as in the act of drinking); this done, look for the pill. Invariably the "I-can't-take-a-pill-patient" is astonished, and sometimes he investigates the mouth with his fingers to reassure himself if he has really swallowed the pill.

The success—secret—as you wish, lies in the fact that in the act of drinking the tongue curves back upon itself, the pill taken by the force of the current, is imperceptibly washed down the œsophagus.

I suggest that the druggists in this as in other countries will have the directions, as above, "how to take a pill," printed on every prescription label intended for pills.

Further, for this country, I would propose these directions be given German as well as in the English Language.—H. Asthalter, M. D., in *Med. and Surg. Reporter.*

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## *DIAGNOSIS OF GONORRHŒA IN THE FEMALE.*

Martineau, at a recent meeting of the Paris Obstetrical and Gynæcological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this, that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litimus paper as to whether a woman is or is not suffering from gonorrhœal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhœa, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Med. News.—Northwestern Lancet.*

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## *TREATMENT OE NEURALGIA BY OSMIC ACID.*

This subject was recently discussed at the meeting of the American Neurological Association. *The Lancet* of June 13, 1885, gives the following account of Dr. Schapiro's observations concering the utility of osmic acid in inveterate neuralgia. The author's paper was read before the Medical Society of St. Petersburg. His observations include eight cases of trigeminal

neuralgia (three males and five females). The age of the patients varied from thirty-eight to sixty. In every case the disease was of a very severe type and of long standing. The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each was from one to twelve (twenty in one case), five to ten drops being injected every time. The duration of the treatment was from one to sixty days. Dr. Schapiro adopts a modification of Neuber's 1 per cent. aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerine to the watery solution prevents for a long time osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill effect. The patients are now under the author's observation (two to six months after the commencement of the treatment).—*Medical Record.*

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## *VINEGAR AS A SUBSTITUTE FOR ERGOT.*

Vinegar as a substitute for ergot is the title of a paper in the Northwestern Lancet, by Dr. F. W. Epley. The doctor says we have in vinegar a very valuable substitute for ergot in post-partum flooding, and that it is far superior to ergot in great emergencies where prompt and energetic measures are called for. The effect is almost instantaneous, and he believes is due to reflex action, caused by the shock to the gastric nerves. Recently in a case of post-partum hemorrhage, the patient was given a glass of common vinegar with instructions to take quickly three or four good swallows. Almost instantaneously, as the vinegar entered the stomach, there was a shudder and a very *firm* and tonic contraction of the womb, with complete cessation of all hemorrhage.—*Indiana Medical Journal,*

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## *THE KLEPTOMANIA OF PREGNANCY.*

*The Lancet* makes this sensible annotation upon an interesting subject: "A lady, the wife of a merchant, was lately charged before Mr. D'Eyncourt with shoplifting. Her physician deposed that he should not consider her morally responsible for what she had done, as she was near her confinement, and in a peculiar condition. Her brother-in-law deposed that he had lately noticed a change in her. On these grounds, the prosecutors not pressing, the magistrate allowed the case to be withdrawn,

remarking that had not the accused been so near her confinement he should certainly have sent the case for trial. We are not disposed to quarrel with this decision. Moral obliquity is sometimes certainly associated with pregnancy, and the ordinary motives for unlawful annexation were here undoubtedly absent. Distinguished persons, whose sex debars them from this explanation, have been chronically afflicted with this disease, and yet have never found themselves in the durance to which they have felt it their duty to sentence others who merely took things which they required. The subject is a difficult one, but we should be glad to see reports of kleptomania among the poorer classes, who often inherit a strong tendency to thieving, recognized as such and treated accordingly."—*Medical Record.*

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## *INTERMITTENT PULSE.*

Dr. B. W. Richardson, London, recommends the use of alcohol as the one agent which most influences the nervous mechanism of the heart, so as to exert an immediate control over an intermittent pulse. Its action is prompt and decisive. He has seen a total cessation of the phenomenon within five minutes after the administration of six drachms of pure alcohol in water, in a case wherein the pulse intermitted at least ten times within a minute. He says that this effect is so reliable that the patient unfortunately often resorts to the remedy, to his ultimate disadvantage.—*New York Medical Times.*

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## *HEAT AS AN OXYTOCIC.*

Without any lengthy exordium I will commence my subject by saying that I have discovered an oxytocic which to me is a new and original idea—not having read or heard lectures about it even. It consists simply of heat applied externally. I will briefly narrate a few cases to describe its potency.

I was called to a case of labor, a multipara, five miles in the country, just as daylight had faded. I found the patient walking around in the room, having irregular, short, teasing pains. I had her lie down, and I made the usual digital examination, finding the os quite patulous, with a vertex presentation and dilatation about the size of a silver half dollar. I folded my arms and waited for several hours, the patient continuing to have the same teasing, irregular pains. I again made an examination to find the smallest possible progress, but there was almost a complete inertia. Getting impatient, and having delivered her twice before, I knew the adaptability of the parts for the required task,

and being satisfied there was no *vis a fronte* to antagonize a dose of ergot, I gave it, using a reliable tincture. After a proper interval I repeated the dose, and kept repeating until I had given one ounce, when finding the uterus did not respond, I had the patient walk around the room. Then I kneaded the womb well, and still getting no result I gave ten grains of quinine with a better result from that than anything I had done or given; it roused the uterus to a pretty energetic action for about thirty minutes, then ceased. I then gave a stimulating toddy, but all to no purpose, and daylight having arrived I hastened home.

In a few hours a messenger came for me in haste to see my patient again. I returned hurriedly only to find the patient plodding along at the same old pace without progressing one jot. Having increased my supply of ergot, I gave another ounce at two doses, but to no purpose. Finally I resolved to go again, but before going I thought of hot mush poultices, and decided to try them awhile to fill up time. I had them prepared nice and stiff, and had them applied over the fundus of the womb as hot as they could be borne, replacing them as soon as one became a little cool. To my great satisfaction, before the third poultice had been applied, the pains began to come in full force and regularly, and in two hours after the pains started up, the labor had ended with a fine ten-pound boy. I kept the poultices up until the expulsion of the child.

Second case—a primipara with convulsions; had four before I saw her. Three miles from town; found labor just started with a vertex presentation. I gave chloral abundantly, bled her tolerably freely, gave twenty drops of veratrum at intervals, used chloroform inhalations, and still the convulsions would come with the labor progressing only at the minimum rate. It was impossible to use the forceps, and everything being so rigid, close and compact, I could not introduce my hand to turn, so I resolved to hurry nature with my hot poultices, and with my chloroform I stood at the patient's head and had the poultices applied fast and hot. In less than three hours after commencing the poultices, labor was over, with a long-headed, living, fine boy, and no laceration to the mother. She continued to have convulsions for ten hours afterward; then they ceased and she made a rapid recovery.

Third case—a multipara. I was called out before daylight, found labor barely commenced, but the patient reported as having been worried all night with short, teasing, irregular pains. I waited a few hours with no progress and the same character of pains. About four hours after my arrival the patient inquired what was the matter with her eyes; said she could not

see me nor anyone else in the room. I told her I would remedy that, and gave her a large dose of chloral hydrate. In less than five minutes after taking it she had a light convulsion. I waited half an hour for the effects of the chloral, and then commenced with hot poultices. In four hours I started for home, leaving the mother and child doing well.

Fourth case—a primipara with convulsions. I was called to see her with another physician and requested to bring my forceps and plenty of chloroform. I found a case of puerperal convulsions, having been in labor some five hours, convulsions having commenced in the latter two. The physician had bled her profusely, but it did not have the desired effect of checking the convulsions. The labor had progressed smartly, but after the convulsions set in there was almost complete inertia—entirely so, so far as the progress was concerned, although she would have short, irregular pains. I advised my hot poultices for awhile rather than any instrumental interference, which advice was acquiesced in and the poultices were applied. They were given without any obvious effect for some time, and I had began to get a little dubious about my hot poultices "at all times and under all circumstances," until I discovered that they were placed near the pubes instead of over the fundus of the womb, and also that they were not hot enough. After correcting the error by putting the poultice higher and having them hotter, good steady pains commenced, and the labor was ended in less than two hours with a still-born babe.

As the cases are somewhat scarce for assistance as detailed above, and my obstetrical practice not being extensive, and being anxious to test the certain utility of my "new idea," I write this to ask the profession to give it a trial and report, since, if it is what I think it is, it is certainly pre-eminently above all the oxytocics for safety and simplicity, as the case can be hastened or slowed at option by simply putting on or withholding the hot applications. I do not mean warm, but hot as can be borne.—Dr. W. B. Arbery, in *Medical Record.*

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## *THE TREATMENT OF SPRAINS BY THE ELASTIC BANDAGE.*

This method of treating sprains has recently been recommended by Mark See. It is the only method which fulfils the two indications: 1. To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movement, etc.). 2. To favor cicatrization of the torn ligaments

and ruptured parts by complete immobilization. The bandage should be applied to the skin itself, care being taken to fill up the flat and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—*Revue de Therap.—N. Y. Medical Times.*

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## *THE SUCCESS OF HYPODERMIC INJECTIONS OF QUININE IN MALARIAL FEVER.*

The high price of quinine induced Dr. A. Smirnoff (*London Medical Record*, June, 15, 1885) to give an extensive trial to a long list of various substitutes for the classical antimalarial drug. Carbolic acid, salicylic acid, burnt alum, tincture of iodine, tincture of eucalyptus, oil of eucalyptus, oil of turpentine, lemons, and faradization of the spleen, all were resorted to successively, and all of them gave uniformly negative results. With deep regret in regard to waste of time, the author returned to the exclusive use of quinine, striving at the same time to find out a most economical method of freeing the soldier from severe Bessarabian fever in that way. Dr. Smirnoff thinks that he succeeded in finding something like the desideratum in the shape of hypodermic injections of hydrochlorate of quinine, the method which is at present practised by the author to the exclusion of all other means. He injects six grains of hydrochlorate (dissolved in half a drachm of distilled water) at a time, by means of Lewin's syringe, into the subcutaneous cellular tissue below the scapular region. In the course of 1884 he successfully treated in that way 470 malarial soldiers, the whole number of injections being 1,179; that is, a case required, in average, 2.5 injections; the greatest number of the latter in an individual case was 9. Relapse after the subcutaneous treatment occurred decidedly more rarely than after the internal administration of quinine. That the hypodermic method is much cheaper than the internal one may be gathered from the following comparison. To cure 178 patients treated by the internal use of the alkaloid, the author has used 7,019 grains of sulphate of quinine, or 39.5 grains per head. To cure 470 patients treated hypodermically, he used 7,074 grains of muriate of quinine. Taking an eight-grain dose of the hydrochlorate as equivalent to a ten-grain dose of the sulphate, we have an average dose of nineteen grains of quinine in the case of the hypodermic treatment against that of 39.5 grains in the case of the internal administration. The author never saw the appearance of any unpleasant phenomena at the spot of the injection (such as abscesses, sloughing, intense irritation). Pain was always trifling and of short duration. In

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| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ½ " |
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| Hyocholic Acid | 1/20 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

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### Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others: but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | |
|---|---|---|
| Approximate Solubility in Cold Water, | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | 12 " | 1 oz. |
| " " " Alcohol, | 3-4 " | 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, grs. x.
Mucilage Acacia, oz. 1. j. } Mix.
Aqua Rosæ, oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, 1-4 gr.
Podophyllin, 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

### Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

### Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

### Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

### Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

### Tincture Gelsemium—Merrell.

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Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

### Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Official Fluid Extract is not admissible.

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some of the patients with very sensitive skin there occured bright redness, about three or four centimetres in diameter, but it quickly disappeared spontaneously. As to the essential advantages of the hypodermic method (besides cheapness), the author points to its applicability at any stage of the disease, and to the sure and safe assimilation by the patient's system of every particle of the drug used.—*Medical Record.*

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## *BACON IN EPISTAXIS.*

Dr. Henry Perdue, of Barnesville, Ga., plugs the bleeding nose with pieces of fat bacon, applied the whole length of the nares. He secures the plugs by means of string, and, if necessary, prevents them from falling out by a strip of adhesive plaster over the orifices of the nose. He gives particulars of three cases in which this method of treatment proved most successful when the ordinary plan of plugging and other methods had proved useless. These cases are only samples of others. He has yet to record a failure.—*Medical Press.*

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## *HEART BEATS.*

Dr. N. B. Richardson, of London, says he was recently able to convey a considerable amount of conviction to an intelligent scholar by a simple experiment. The scholar was singing the praises of the "ruddy bumper," and saying he could not get through the day without it, when Dr. Richardson said to him, "Will you be good enough to feel my pulse as I stand here?" He did so. I said, "Count it carefully, what does it say?" "Your pulse says 74." I then sat down on a chair and asked him to count it again. He did so, and said, "your pulse has gone down to 70." I then lay down on the lounge and said, "Will you take it again?" He replied, "Why, it is only 64, what an extraordinary thing!" I then said, "When you lie down at night, that is the way Nature gives your heart rest. You know nothing about it, but that beating organ is resting to that extent, and if you reckon it up it is a great deal of rest, because in lying down the heart is doing ten strokes less a minute. Multiply that by sixty and it is six hundred; multiply it by eight hours, and within a fraction it is five thousand strokes different, and as the heart is throwing six ounces of blood at every stroke, it makes a difference of thirty thousand ounces of lifting during the night. When I lie down to rest without any alcohol, that is the rest my heart gets. But when you take your wine or grog you do not allow that rest, for the influence of

alcohol is to increase the number of strokes, and instead of getting this rest you put on a difference of something like fifteen thousand extra strokes, and the result is you rise up very seedy and unfit for the next day's work until you have taken a little more of the 'ruddy bumper' which you say is the soul of man below."—*Gaillard's Journal.*

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## *RHUS TOXICODENDRON IN THE TREATMENT OF ENURESIS.*

Dr. Geo. W. Willeford, of Glendale, Ind., writes: "On reading the excellent article upon enuresis in *The Record* of June 27th, by Alexander W. Stein, M. D., I was very much surprised to find that in enumerating the drugs employed in the treatment, he failed to mention the most efficient remedy which I have yet employed. In the limited experience had in the treatment of enuresis in the past two or three years, as it has occurred in a country practice, I have found the fluid extract of rhus aromatica to give permanent relief in seventy-five per cent. of the cases treated, and to greatly benefit the remaining twenty-five per cent. As the article is comparatively a 'new remedy,' I have no doubt that there are many excellent practitioners who have never given it a trial. To those who are sorely puzzled to know what remedy to 'try next' in obstinate cases of enuresis, I will say, try a good preparation of the fluid extract of rhus aromatica, and you will find it a pleasant and generally an efficient remedy."—*Medical Record.*

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## *DIURETIC CLYSTER.*

Dr. Moutard-Martin communicates to the *Deutsche Med. Zeitung* the results of the use of an infusion of digitalis leaves as a clyster, where a diuretic was needed, but could not be given by the mouth, on account of gastric irritation. Five grains of the leaves were infused in about 6 1-2 ounces of water, and injected into the rectum. The diuretic action was prompt and sufficient.—*National Druggist*

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Roller Skating is likely in the near future to greatly increase the fees of the physician. Dr. Julia T. Hills writes to the *Med. Record* that "her experience forces her to the conclusion that no good, moral, mental or physical, comes from roller skating." It is said to aggravate organic troubles of all kinds, and it both causes and greatly aggravates leucorrhœa.

## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

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### *FATAL CASES OF HYSTERIA?*

Hysterical attacks are proverbially devoid of danger, but the practitioner should not lose sight of the fact that hysteria may be associated with affections of a most serious character, and that every now and then cases occur in which so called "hysterical symptoms" are the only manifestation of an intra-cranial lesion. It behooves him, therefore, to not be too ready to charge morbid phenomena to the account of hysteria, else the result may be a source of mortification to him, to say the least. We distinctly recall the details of an interesting case seen some years ago, under Dr. Hughlings Jackson, of London, a high authority on diseases of the nervous system. The patient, a woman, aged about twenty-eight, had been sent to Dr. Jackson by a physician of ability and considerable renown, with a letter in which the writer stated that he had had her under treatment for a considerable period. All the symptoms had been of the so-called hysterical sort, and although he had examined and observed the case with care, he could make nothing more than a case of hysteria, pure and simple, out of it, and had treated it as such. The symptoms seemed indeed to denote only a disturbed condition of the nervous system, until the optic discs were examined with the opthalmoscope, when double optic neuritis was detected, which put quite another face on the matter. A week later other symptoms of a grave character presented themselves, and before the month was out a fatal result occurred, and a glioma the size of a hen's egg was found post-mortem, embedded in the cerebral substance. The absence of marked symptoms in the case, until nearly the close, was doubtless due to the fact that the development of the morbid growth had been very slow so that the brain for a long time had been able to accommodate itself to the presence of the intruder. Speaking in connection with the case, Dr. Jackson briefly detailed several others in which the use of the opthalmoscope had saved him from a grievous error in diagnosis, so that he had made it a rule

that no one should be admitted to his wards, without the discs being examined. He also uttered a caution against pronouncing a case hysteria without a rigid and repeated examination.

Apropos of this matter of the diagnosis of hysteria, a correspondent writes the *Medical and Surgical Reporter* (Philadelphia) as follows:

In the July 11th No. of the Reporter, it is related of Prof. W. H. Thompson, that in one of his recent excellent lectures he related his experience in connection with a case as follows: "The patient was a female of twenty years. After a careful examination a diagnosis of hysteria was made and appropriate treatment prescribed, with no apparent improvement of symptoms. The case was becoming monotonous to physician and friends. A noted metropolitan neurologist was called in consultation, and acquiesced in the diagnosis which had been made, also saying with emphasis, that any doctor with average knowledge would know that it was a case of hysteria. Ere the consultation closed, they were summoned to the bedside of their patient, only to see her expire."

This reminds me of a case that occurred in my practice about a year ago. I was called in great haste a few squares from my office to see a young lady, seventeen years of age, of a general physical development much beyond her years, who was, apparently, in that peculiar swoon or quasi-insensible condition we often see in cases of hysteria, not unlike that known as "trance." My opinion was expressed accordingly, which opinion was sustained by the priest who was present. I assured the friends she would recover in a short time, and went home. I no sooner reached home, however, than I was recalled and, upon my arrival, found my patient dead. The *post mortem* revealed a very greatly hypertrophied heart, which, however, might have been diagnosed *ante-mortem*, if a thorough examination had been made.

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## *FOOLING WITH THE METRIC SYSTEM.*

A CASE was recently reported in which a life was lost from an overdose of opium. The physician intended to write ℞ Morphiæ Sulphatis 0,0015, but instead wrote it 1,5. Had he written it gr. $\frac{1}{40}$ the mistake could not have occurred. As a contemporary wisely remarks, "this comes from fooling with the metric system." The metric system looks attractive; it has lots of theoretical perfections that are practically useless or worse, and we

believe it is some of its real defects which have gained for it many of its warmest advocates. Just consider its whimsical unspeakable polysyllabic Græco-Roman nomenclature; its *spell* has doubtless fascinated many a mind of classic culture, especially if there was a youthful aversion to mathematics; he feels that his boyhood days were embittered by reduction ascending and descending, and here is escape for all posterity in the mystic combinations of centi and kilo.

A year or two ago its advocates tried to manufacture a boom for the metric system, and considerable effort was put forth to have Congress adopt it for the country. Booms may come and booms may go, but our people are about as likely to discard their habits of thought and action regarding weights and measures, as to set about training themselves to be left-handed. What the iron heel of a despot may have accomplished with the people of a European monarchy, is not worth a tinker's dam (this orthography is used on the authority of an ex-Governor of this State) as a precedent for a free people, and it may be safely assumed that they will use about such weights and measures as they please, no matter what laws may be passed, and how eager the people who *don't* do the weighing and measuring may be to impose their reform (?) upon those who *do*.

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## "*A CASE OF PURE GALL.*"

Under this title the *Peoria Medical Monthly* calls our attention to the fact that the very readable article entitled "The Curability of Epithelioma," which appeared in the Journal for May, was almost an exact copy of an article which appeared under another title in a Cincinnati publication a year or two ago. At first we were inclined to discredit the above, but on obtaining a copy of the original and comparing the two, we were forced to admit that the points of difference were so few and so slight that our article was without doubt a deliberate steal. On calling upon the pretended author for an explanation, he did not attempt to deny the accusation, but defended it on the ground that he had thoroughly tested the facts set forth and proved them, and had embodied them in a paper which he first intended to send, but on comparing it with the original he found the facts set forth

therein in a so much more readable and attractive way that he made some changes and additions that seemed advisable, and sent that. He naively added: "*I hope that this explanation will be satisfactory.*"

It is with sincere regret that we feel compelled to make this explanation and apology to our readers. The paper was accepted by us in good faith, and after a few trifling changes in the interests of distinctness and brevity, was duly published without the least suspicion. Dr. Surdam was guilty of a mean and contemptable act. So powerful is the love of praise or notoriety in some men. It is our purpose to reprint the best that appears in other journals, but we insist upon making our own selections. A similar imposition was practiced upon another journal of this city and a prominent society—not eclectic—only a few months since.

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## *A GOOD LOCATION.*

Dear Sir:—Should you know of a thoroughly good eclectic physician in want of a fairly good practice, please put them in communication with me. This place is one of the pleasantest in Connecticut, with good churches and educational advantages, and good roads; ten miles from Springfield, seventeen from Hartford, and an abundance of room to *spread*, as there is no eclectic physician nearer than six miles, and that on the opposite side of the river (Connecticut). I own property in the southern part of the State, to which I wish to remove.

Yours very truly,

Suffield, Conn. I. P. Leete, M. D.

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## *MAGAZINES OF THE MONTH.*

The August *Century* is the Midsummer Holiday Number, and offers as usual a rich and varied table of contents. It opens with a lively and anecdotal account of life at "Camp Grindstone," the summer meeting place of the American Canoe Association in the Thousand Islands. W. D. Howels traces "The Rise of Silas Lapham" to its close, and farther enriches the number by contributing a picturesque series on Italian cities. "William Lloyd Garrison" is the title of a paper furnished by T. W. Higginson, and this is followed by "William Lloyd Garrison's Origin and Early Life," by his son Wendell Phillips

Garrison. "On Hotel-Keeping, Present and Future," is contributed by George Iles. Of a timely and suggestive nature is Henry King's paper (with map) "The Indian Territory—what it is, and what it should be." Entertaining essays and poems, etc., make up a very readable number.

*The Eclectic* for August is even more entertaining than its pleasant wont, which is certainly great praise. It begins with an article of marked interest entitled "Genius and Insanity," by James Sully. G. Barnett Smith's article, "James Russell Lowell," is taken from the *Nineteenth Century*, and is extremely entertaining, quoting copiously from Mr. Lowell's works. "Gordon, Wolseley and Sir Charles Wilson," (*Blackwood's Magazine*) is an able defense of the last named against the charge of having caused the death of Gordon by the want of due promptitude. "Genesis," by Grant Allen, "M. Lessar's Triumph and After," by Hon. E. Stanhope, are papers of great merit. "A Tradition of Cottley Hall," "A Passenger from Shanghai," and "The Prayer Carpet," form the fiction for the number.

## THERAPEUTIC AND OTHER NOTES.

THE *Sunday Globe* in speaking of the departure of The Narragansett Jolly Club of Cambridge on their annual cruise says that among those who went was Dr. E. E. Spencer, and among the numerous packages which went on board, were a number of boxes marked "Boneless Cod," but it was noticed that the contents were wrapped in straw.

DR. GEO. C. PITZER, professor of the practice of medicine in the American Medical College of St. Louis, says: There is nothing that restores a patient *after a fit of Drunkenness like* "CELERINA." *It excels anything I have ever tried.*

DR. PITTS E. HOWES, Secretary of the Massachusett Eclectic Medical Society, has recently removed to Wakefield Mass.

THE *Lancet and Clinic* (Cincinnati) says: The use of the so-called emulsions of Cod Liver Oil during the extremely sensitive condition of the digestive organs always accompanying consumption, does not usually afford beneficial results. Those of the profession who have under their care a case of consumption, diabetes, chlorosis, Bright's disease, hysteria, and in short any disease where a loss of appetite is followed by a breaking down of the tissues of the body in its effort to support the combustion supplying the animal heat, are urged to give this preparation (Hydroleine) a trial.

Two Irishmen were asleep in the attic of a house which caught fire. One of them, in a hurry to escape, got his pantaloons on front side back, and jumped into the street below. His companion, seeing him fall in a heap, called to him, "Whist, Jerry, are ye kilt entirely?" And Jerry, gathering himself up, and discovering the adjusted garments aforesaid, shouted back, "No, not entirely kilt; but, upon my word, I'm fatally twisted."

UNDER the head of Cholera Infantum in Ziemssen's Cyclopedia of the Practice of Medicine, we find the following: "Regulation of the diet constitutes, in fact, the principal method of treatment of Sporadic Cholera, and particularly Cholera Infantum. Where mother's milk is insufficient, Nestle's Milk Food or Lacteous Farina is alone to be recommended. This food is *especially commendable*, because the physiological relations of the infantile digestive organs, particulariy the lack of notable salivary and pancreatic secretions, are taken into account in its fabrication. The starch contained in it having been transformed into dextrin."

BARNUM'S white elephant is so thoroughly trained that when it sees a barrel of lime it backs right up to it to be whitewashed.

DR. G. H. MERKELL, one of the ablest physicians of this city, and well known to many of our readers, says: "I have used Viburnum Compound since my return from the West, more frequently than ever before, and in many cases where all other remedies had failed, Viburnum Compound has given the best of results."

THE latest news from Afghanistan is to the effect that England has agreed for Russia to have all of Pendjeh except the j, which Lord Salisbury wants to use for a fish-hook.

THE most indefatigable enemy of the frauds who seek to utilize the press as a medium for their nefarious schemes, is Lum Smith, editor and proprietor of the *Herald*, Philadelphia. Many of these are exceedingly plausible as to their exterior, and succeed often in deceiving even shrewd publishers. Mr. Smith is, therefore, a public benefactor and deserves the hearty commendation of the press, both lay and professional, for his sturdy blows inflicted on these unprincipled frauds. His thrusts at such newspapers and periodicals as publish fictitious figures as indicating the size of their subscription lists, are also well directed. An advertiser who contracts with a journal whose subscription list is smaller than claimed has been deliberately swindled.

THE HIGHEST AWARD,

GOLD MEDAL,

Has been granted to

# Mellin's Food

FOR INFANTS AND INVALIDS,

At the World's Exposition, New Orleans,

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DOLIBER, GOODALE & CO.,

40, 41, 42 and 43 CENTRAL WHARF,

BOSTON, MASS.

A Sample of MELLIN'S FOOD, sufficient for trial, will be sent free to any Physician desiring it.

# SCOTT'S EMULSION

## PURE COD LIVER OIL WITH HYPOPHOSPHITES OF LIME AND SODA.

PERFECT, PERMANENT, PALATABLE.

### THE STANDARD EMULSION OF COD LIVER OIL.

**Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.**

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

**SCOTT & BOWNE, M'f'g. Chemists, 108 & 110 Wooster St., N. Y.**

# THE PERFECT NATURAL FOOD,

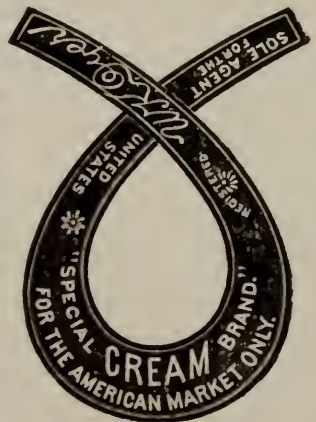
## A NEW PROCESS

## PURE UNSWEETENED CONCENTRATED MILK,

IN GLASS BOTTLES ONLY.

## "SPECIAL CREAM BRAND."

This milk is prepared specially for feeding Infants and Invalids, and is for this purpose certainly the safest, most digestible, nourishing and fortifying food known. It is perfect in composition, contains no cane sugar or other addition, being absolutely pure. It keeps for years in any climate. It is complete in itself and *practically* accomplishes all that typical milk *theoretically* should. It is the perfect food for the prevention and cure of Infantile Marasmus, Diarrhœa, Cholera, Deficient Vitality, Painful or Retarded Dentition and all cases of Malnutrition, Emaciation, and Debility of whatever age. Successful in all cases where milk is usually prescribed.

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## The Only Perfect Substitute for MOTHER'S MILK.

This we affirm after prolonged and varied personal experience.

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UNSWEETENED CONCENTRATED MILK.

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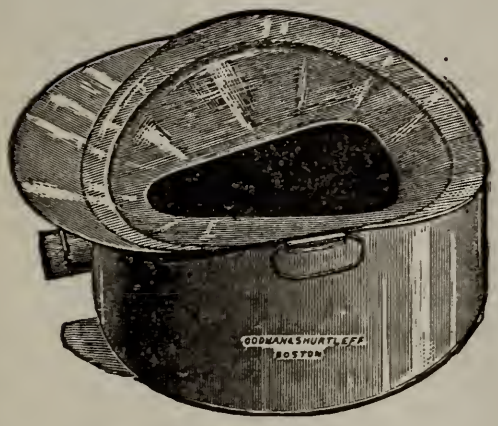
Designed by Dr. W. H. BAKER.




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche. It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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# Obstetric and Gynecological Instrument Bag.

**PRICE REDUCED.**

These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

**CODMAN & SHURTLEFF,**

*MAKERS AND IMPORTERS OF SURGICAL INSTRUMENTS,*

**13 and 15 TREMONT STREET, - BOSTON, MASS.**

# VERDICT

## Maltine.

Received the only GOLD MEDAL and Highest Award at the INTERNATIONAL HEALTH EXHIBITION, London, 1884, after a critical examination of a large number of Malt Extracts by a Jury composed of the best Chemists in Europe.

**MALTINE** is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world.

Send for Pamphlet giving comparative analyses by twenty of the best analytical Chemists in this country and Europe.

There is no reconstructive that excels it in Phthisis and many wasting Diseases.

The following is from an article on

### MALT EXTRACT,

By the late Prof. L. P. Yandell.

"**MALTINE,** in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our mind than there is of the curative power of Quinine, Cod Liver Oil, the Bromides and the Iodides.

**MALTINE** deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess.

**Extract from recent Article on MALT EXTRACTS AS FOOD, by J. Milner Fothergill.**

"A good Malt Extract is a valuable food, a food of priceless value at times of emergency. In fact, in very grave gastric cases, Malt Extract is a food which may often be resorted to when at one's wits end what to do."

### LIST OF MALTINE PREPARATIONS.

MALTINE (Plain).
MALTINE with Hops.
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MALTINE with Peptones.
MALTINE with Pepsin and Pancreatine.
MALTINE with Phosphates.
MALTINE with Phosphates, Iron and Quinia.
MALTINE with Phosphates, Iron, Quinia, and Strychnia.
MALTINE Ferrated.
MALTINE WINE.
MALTINE WINE with Pepsin and Pancreatine.
MALTO-YERBINE.
MALTO-VIBURNIN.

We will furnish gratuitously a one pound bottle of any one of the Maltine Preparations to Physicians who will pay the express charge.

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# PEACOCK'S BROMIDES

—(CHEMICALLY PURE.)—

Each fluid drachm contains fifteen grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium, Ammonium and Lithium.

USES.—Epilepsy, Spinal and Uterine Congestions, Congestive Headache, Cerebral Apoplexy, Enuresis, Dentition, Mania, Meningitis, Eclampsia, etc.

DOSE.—One to two Fluid Drachms, in water, three times a day.

# PEACOCK'S FUCUS MARINA

—(ANTIDOTE TO MALARIA.)—

DIRECTIONS.—To Eradicate the Malaria from the system, One Teaspoonful in water, three times a day. For Intermittent, Remittent, and other Fevers, Five to Twenty Drops, every two or three hours. As a prophylactic against Malaria, One Teaspoonful twice a day.

PEACOCK CHEMICAL CO., St. Louis.

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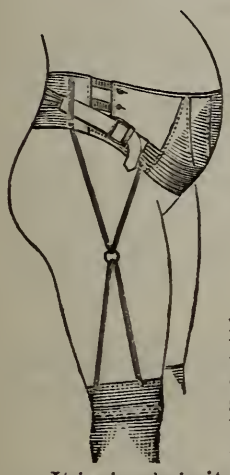
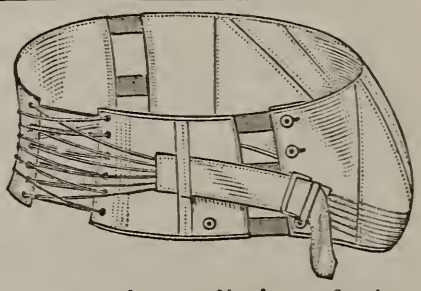


## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

M. F. LINQUIST, M. D., New Haven, Conn.

# THE
# Murdock Liquid Food Co.
## BOSTON,

**Wish to draw the attention to the class of surgical cases that they are treating in their Free Hospitals.**

**One Hospital assigned to the members of any Allopathic Society.**

**One Hospital assigned to the members of any Homoepathic Society.**

Enabling any physisian to have a bed for a private case if he so desires. Or any physician can have a bed assigned, and we will take charge of the patient.

**We solicit cases that have not yielded under past operations, or are too weak and exhausted to be operated upon.**

Such cases we can build up in two to four weaks, enabling the patient to have not only a safe but a successful operation, as relapse has never followed in any case that we have had. We are having cases every month that have been operated upon in other hospitals for Fistula without success, and we have been successful in every case.

April 11. Mrs. D. leaves our house, having come to us (March 23d) from another hospital, three operations having been performed on a Fistula with no relief. With us the operation was a success, and she leaves us restored to health. Her treatment with us was a table spoon of Liquid Food four times daily. From the fact that with that quantity of Liquid Food we can in thirty days make ten lbs. of new blood, enables the system to throw off the germs that are in the blood, which would otherwise go to generate another Fistula.

Mrs. D. Had been under Dispensary treatment for a year, with no relief, suffering badly from Laceration of Cervix Uteri; the same having developed into chronic catarrhal inflammation, discharging profusely. The Uterus had a lateral displacement. The general health of the patient has been gradually failing, until now there is emaciation, pallor of face, and general prostration.

March 9, an operation was performed with success.

March 10. With a diet of gruel three times daily, and Liquid Food, a dessert-spoonful every two hours, she realizes that she is gaining in strength, sleeps well, is free from pain.

March 16. Continues to improve, and asks for more Liquid Food, increased to a tablespoonful four times daily.

March 21. Sits up two hours, continues to improve, and will return home within a week.

The friends of Mrs. O., having for six weeks vainly endeavored to procure her admittance to some one of our city hospitals, applied to us to get her admitted here if possible. She came to us on December 11. Reports herself as having suffered since the birth of her last child, twenty-one years ago, from extreme prolapsus uteri, with very badly lacerated cervix and perineum. She was not able to sit up, and was, of course, much prostrated nervously. It was hoped that in three to four weeks we might put her in condition to be operated upon.

She commenced at once with four tablespoonfuls of Murdock's Liquid Food daily, and in twelve days the first operation was performed by a surgeon connected with two of the leading hospitals of the city, the operation lasting nearly two hours and a half. From that she made a rapid recovery, and on January 23 the second operation was performed, which occupied two hours, and she again made a good and rapid convalescence, which, for a woman of 63, who had suffered agonies so many years, we think speaks well for the value of Murdock's Liquid Food as an aid in surgery, having her in our home only nine weeks.

These are a few of many cases that we can furnish to show the value of raw food, which our liquid food is, condensed and free from insoluble matter, which enables us to save life when all other foods and treatments fail.

**And when other foods are available, we can show that with Liquid Food we can build up a patient in half the time usually required.**

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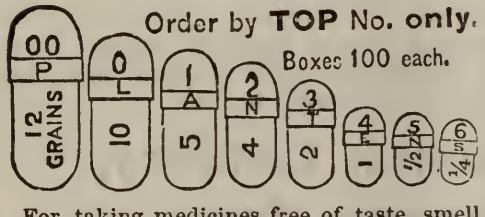


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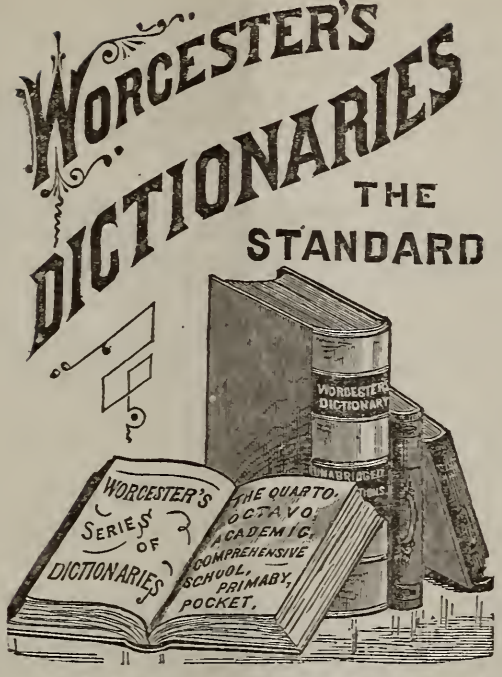


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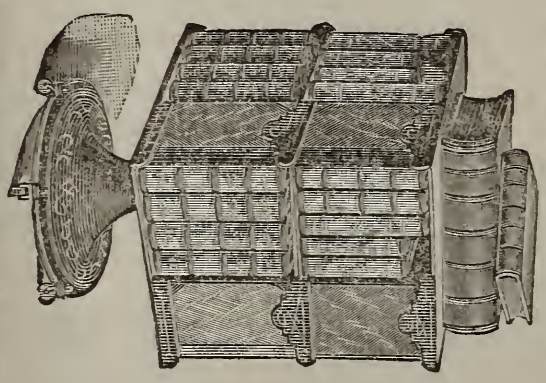

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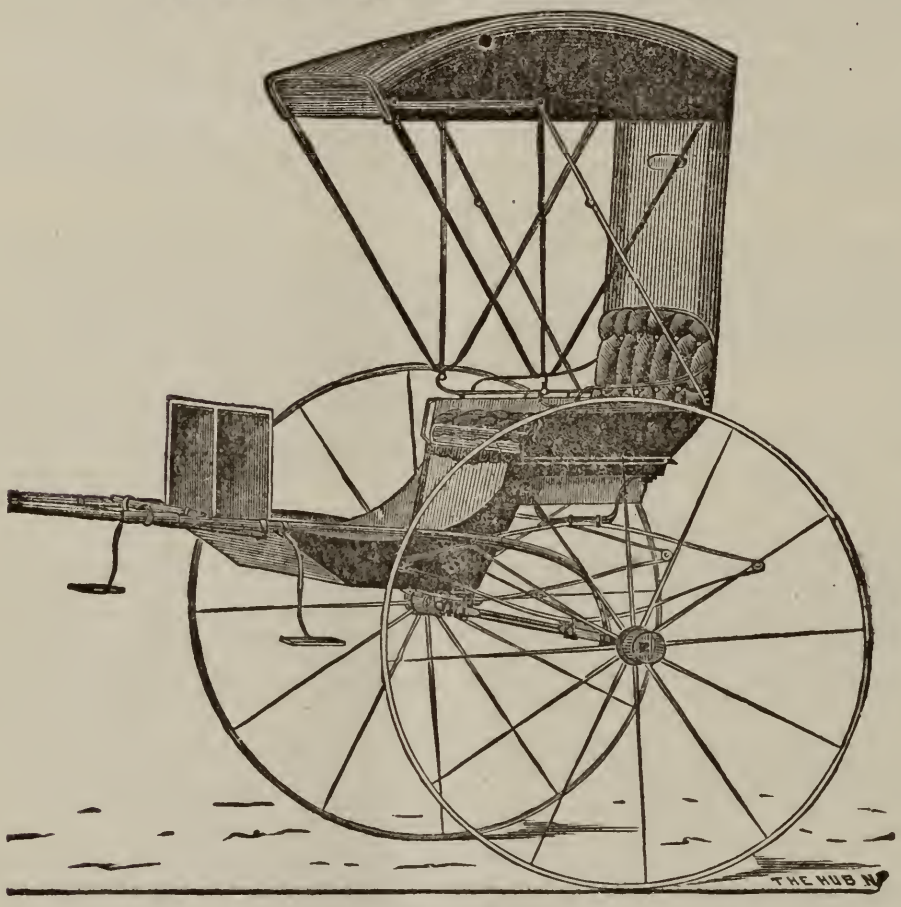


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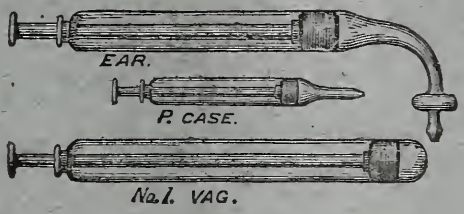


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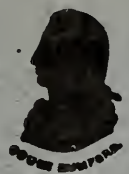

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—ROBERT A. REID, M. D.,—

Fellow of the Mass. Eclectic Medical Society.

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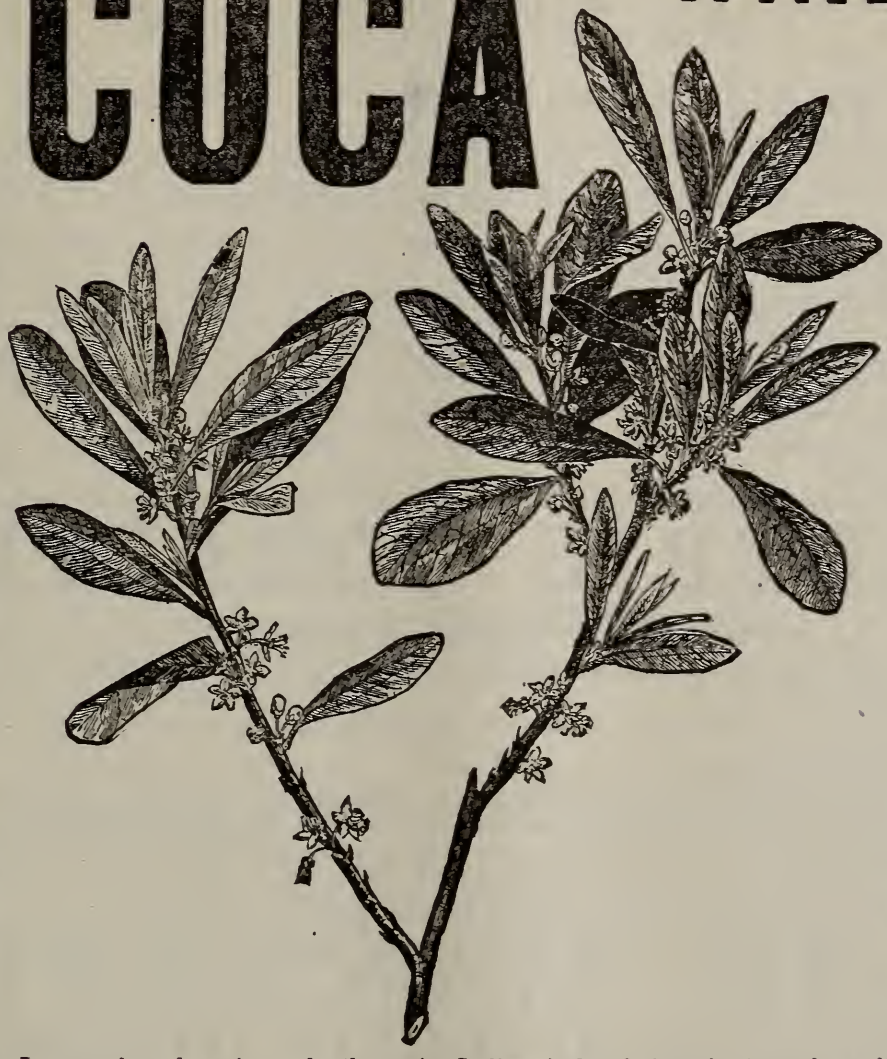

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# The Selection of Food for Infants in Hot Weather.

THE many predictions concerning the possible advent of cholera during the present summer, are receiving due attention from medical men and boards of health in our large cities.

Should we have a very hot summer (as is not improbable) there will be the usual "slaughter of the innocents" in the large cities, and we think it important that the attention of medical men should be called to the fact that three-fourths of the cases of sporadic cholera (infantile) are initiated by carelessness in the selection of the food given to bottle-fed infants. We warn adults to avoid such and such drinks, and to eschew certain foods as a preventive of cholera, on the principle that an ounce of prevention is preferable to a pound of cure.

If from the first of June to the first of October every mother would see to it that her infant was fed with easily digested and in every respect suitable food for hot weather, we believe we should have to record at the close of this much dreaded summer a *decrease* instead of an increase in infant mortality.

---

**The following testimony will be appreciated by medical men, treating Cholera Infantum, Diarrhoea and Intestinal Inflammation.**

Dr. H. Von Ziemssen of Munich known to the medical faculty all over the world, writing on *Sporadic Cholera.* in Vol. VII of the Cyclopedia of Medicine says, "Regulation of the diet constitutes in fact the principal method of treatment of Sporadic Cholera, and particularly cholera infantum. When mother's milk is insufficient Liebig's Food or Nestle's Lacteous Farina are *alone to be recommended.* The latter is *especially* commendable because the physiological relations of the infantile digestive organs, particularly the lack of notable salivary and pancreatic secretions are taken into account in its fabrication. The starch contained in it having been transformed into dextrin."

Among the French specialists, Drs. Monod and Morpain have indicated Nestle's Food specially as a product of the most wholesome character and *entirely* preventive of Diarrhœa and intestinal inflammation.

With no desire to detract from the merits of other infant foods we have thought it proper to indicate to the faculty the above quotations from a standard work of such a reputation, in view of the probable infantile sickness to be apprehended during the summer of 1885.

## THOMAS LEEMING & CO.,

**AGENTS FOR NESTLE'S MILK FOOD,**

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, OCTOBER, 1885. NO. 10.

## ORIGINAL COMMUNICATIONS.

### *A PHALLIC WORSHIP LINGERING IN JAPAN.*

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

THE letter of Dr. J. R. Blanchard in the JOURNAL for June, will be noticed by archeologists with much interest. The writer appears unconscious of the significance of his discovery that the emblems of sex are employed in worship in the Empire of Japan. The practice is, however, of prodigious antiquity, and was once well-nigh universal. It lingers now in India, where the Lingayats still have the lingham-yoni or double emblem in their temples; and the Saktas maintain their stated annual festival. Mr. Sellon, writing for the *Anthropological Journal*, of London, describes the Sakteya festival. The votary selects a woman to represent the Sakti or incarnate power of maternity, decorates her and makes offerings, concluding as may be imagined rather than described. He considers the rite to be similar to the Eleusinia, but I can hardly believe this. His description is more closely like that of the festival of Anna Perenna, held on the 15th of March, as described by Ovid.

The various worships of the Ancient World were characterized by phallic symbols and ceremonies. The Bacchic rites, the Adonia, the Mysteries of Isis, and kindred observances in other archaic faiths, seem to have been most distinguished. The ancients had little idea of what the moderns of the West con-

sider immodesty. Herodotus describes the rite, Book II., 48, 49; and Lucian in his *Dea Syria* speaks of manikins *bene nasati* in the temple of Astarte at Hierapolis. The "idol" in the "grove" or Venus-emblem, was of the same character. *Kings* I., xv., 13; *Chronicles* II., xv., 16, and *Ezekiel*, xvi., 17. The book of *Hosea* is very explicit in regard to the rites as practiced in the Holy Land. The worship of the Baalim and Ashtaroth was more or less phallic. The Adonian festival of Byblos and its kindred rite in Egypt consisted of a search for the maimed body of the murdered god; the placing of it or rather of its significant emblem in an ark or coffin, mourning it till the third day, when joy and hilarity succeeded. This was really a magic rite to obtain rain; the falling of which was considered as evidence of successful accomplishment; the dead had arisen and ascended on high, and now fecundated the eager earth. Similar worship and symbolism existed in America.

The Aphrodite or Venus of Eryx in Sicily was the Astarte or Ashtoreth of the Bible and worshipped accordingly. The Romans transported her image to Rome and placed it in a shrine outside the Colline gate. Once each year, the first of April, a procession of women made their way to the temple of the priapeian divinity, and taking from it the emblem of the god bore it to the shrine of the Erycean goddess and presented it in her honor. The Assyrians had in their temples carved figures like those which Dr. Blanchard describes, which they termed The Tree of Life, the *kteis* or lanugo being bound into thirteen tufts to denote foliage, or monthly blossoming, and sphinxes or composite animals called kerubs (griffins) on guard or paying homage.

The May-pole festival came down from these times and really belongs to them. The Romans employed it in the rites of Flora; but it is oriental. See *Ezekiel*, xviii., 6, 11. Pillars, however disguised, are phallic. The *mazebas*, or "images," denounced in the Bible, were of this character, and were placed "on every high hill and under every green tree." Many of the "altars," were but pillars, or made emblems. Black stones, meteoric or magnetic, seem to have been sacred to goddesses. The Kybele or Ma of Phrygia, the Aphrodite of Cyprus, the

Astarte of Tyre, and the Al Huza of Mecca, now the holy stone of the Kaaba, were of this character, and were female symbols. The cross and circle, the spire and nave, the lingham and yoni, the stock and stone, the phallus and kteis, the cross-bun, the garlanded pole, the crescent on the Moslem banner, the Sheelah on the Irish church, all had their origin in this way. Godfrey Higgins asserts (*Celtic Druids*, pp. 195, 196) that "in the Church of St. Peter's, at Rome, is kept *in secret*, a large stone emblem of the creative power, on which are the words *Zeus Soter*; only persons who have great interest can get sight of it." Indeed, the symbols and utensils of the pagan mysteries have generally stepped over, and educated Romanists know it.

The contra-dance or country-dance was originally a rite in honor of the Divine Father and Mother. All dancing originally was religious and typified the circular revolutions of the stars. Here they "leaped" or moved in a ring around the altars (*Kings* I., xviii., 26). The witch-dances of the Middle Ages were continuations of the pagan worship. Nor has the Roman Church quite got clear yet. Sir William Hamilton, when ambassador to Naples in the last century, witnessed votive offerings at a church in Isernia, made to certain saints for purposes like the worship in Japan. They were phallic, and made of wax, and were afterward melted for candles to be burned at the altar. There were saints, as anciently there were gods, to whom these matters were sacred. St. Cosmo and St. Damiano in Naples, St. Foutin in Southern France, St. Lucie in Normandy, St. Ters at Antwerp, received homage as the tutelaries.

We have yet a few superstitions derived from this source. Venus and Friga were goddesses of good fortune; as luck in amatory matters was associated with good luck generally. The untoward results of meeting a woman when setting out on a new enterprise, the omen of the first sight of the moon after her change, over the right or left shoulder, the placing of a horse-shoe over doors, are of the same nature.

All the obscenity in the matter exists in the mind of the spectator. The Creator of man seems never to have imagined that he formed nature impurely. The ancients viewed the advent of the soul into the marvellous mechanism of the body

as a sublime matter, and a holy mystery. Constant has well explained it: "Indecent rites may be practiced by a religious people with the greatest purity of heart; but when incredulity has gained a footing among these peoples, these rites become then the cause and pretext of the most revolting corruption." But, under whatever phases we observe the matter, it is none the less true that the mystery of life in its inception and perpetuation seems to have been at the core of every former religion.

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## *PANCREATIN AS A SOLVENT OF DIPHTHERITIC MEMBRANE.*

BY F. H. WILLIAMS, M. D., BRISTOL, CONN.

In March, Anna B., was taken with a severe type of scarlatina, which ran the usual way of the fever this year—very rapid pulse, and severe nervous symptoms, followed by a marked tendency to stupor. The tonsillar inflammation was of moderate intensity, and there were some necrotic ulcers upon the tongue and lips. The case made a rapid and uncomplicated recovery, being attended by very heavy desquamation. She was constantly attended for the first eight days by an aunt, who had previously had scarlet fever.

Upon the eighth day, the aunt who had been very earnest in her care, complained of great prostration and a sore throat. I found the pulse 130, the temperature 104°, and the tonsils covered with small pointed yellow pustules. This was on Monday. Realizing that my patient was very much exhausted, I pushed milk punch liberally, with usual remedies for the sore throat. The case ran on for several days, without change; the pulse continuing 130, the fever varying from 102° to 103°, the throat intensely sore, and the tongue coated deeply—though there was no offensive breath. I saw the case twice daily. On Thursday night there was no change in her throat, but on Friday morning when I entered, she said, "Doctor, you can do no more for me, you have done all you can." Upon looking at the throat, I was surprised to find it one mass of grey diphtheritic membrane. The tonsils, uvula, faucial arches, velum palati and upper view of pharynx were all one thick mass.

Up to this date although I had been using mild anti-diphtheritic remedies, especially the phytolacca, I had been opposed to calling it a case of diphtheria. The quick snappy pulse, being so different from the lazy oppressed pulse usually seen in diphtheria. Nevertheless, I put her upon the 3d. X of the Prot. Hydrargyri alternating with Kali Bichromate, and prepared for a fight for it. During the next twenty-four hours I did not much more than hold my own, it required two and three tablespoonfuls of whiskey to sustain the patient. At this stage I began to use the following:

| ℞ | Pancreatin | ʒ ii |
|---|---|---|
| | Sodæ Bicarbonatis | gr. xx |
| | Aquæ | ʒ viii |

This I caused to be sprayed upon the membrane—a tablespoonful every hour, with a gem atomizer. The membrane ceased to increase, and gradually digested under this treatment. I did not remit my sytemic remedies, and gradually added Ferric Muriate as the pulse softened. A good recovery followed.

The husband of this patient gave up with a well pronounced attack of diphtheria, seven days after his wife was taken. His tonsils showed no eruption, such as was seen on hers, there was the usual exudation only, and he recovered in six days under ordinary treatment. The child's step-grandmother, a feeble lady of nervous temperament, lately married into the family, had some sore throat, but no membrane. But about four weeks later, while the child was still desquamating, she—the grandmother—was severely attacked with tubal nephritis. The urine was loaded with casts, epithelial cells and albumen, but under prompt effects of jaborandi aided by belladonna and the bromide of potassium, she made a rapid recovery. This lady had severe apthæ in throat and mouth, and the rapid pulse, 130, of scarlatina, but no eruption. She never had had scarlatina. So severe was the attack that when resolution set in, the urine was loaded with blood and mucus for over a week. The urine is now free from albumen, showing the renal attack to have been acute. The temperature was 104°, and there were herpetic blisters upon her lips. Was this a case of scarlatina? Are the poisons of scarlatina and diphtheria identical? Certainly the original case

of scarlatina seemed to have given origin to the subsequent attacks of both scarlatina and diphtheria, for none of these patients had been exposed to diphtheria. In this vicinity, there seems this year a tendency for nasal diphtheria, to complicate scarlatina. In a severe case, taken when given up to die that day, by a neighboring physician, a steady and persistent use of the above solution of pancreatin destroyed the diphtheritic membrane in the nasal passages, and saved the boy's life. In several cases I have had very severe ulcerations of the angle of the lips and tongue, accompanied with swollen abdomen, dorsal decubitus persistently maintained, and somnolency, sleeping with eyes open, and constantly picking with the hands, with a profuse ichorous discharge from the nose and ears.

All these cases, which were surely malignant, have been benefited by Arum Tryphyllum and Apis Mel. The ichorous discharges and ulceration of the labial angles are direct calls for Arum, or Arisœme, as the new fangled botanists have it. The bloated and tender abdomen, stupor, and startings of the hand, are typical of Apis. Press upon such an abdomen and the patient will scowl or cry, no matter how stupid he has appeared. There is probably congestion (with approaching effusion) of the basal meninges. Try Apis! In all cases of any moment in scarlatina there will also be found a tendency to exhaustion of the heart, 120 to 140 beats a minute. The inhibitory nerves are overpowered by the intensity of the scarlatinal poison. The heart has lost its brake, the excess of meretricious stimulation is overpowering its energies. We must tranquilize such a heart, and husband its energies, or later it will falter, the patient will turn blue and pale, and death will ensue. For such a purpose I believe there is no remedy equal to Digitalis. Put 10 drops of the specific tincture (Thorp & Lloyd's) into half a tumbler of water and give a teaspoonful every two or three hours. After a little you will find that the pulse will full up, and slow down; the excitement cease, secretion become re-established, nutrition become possible, and your patient will recover. I have had twelve cases this spring, all quite severe, and all have recovered. In addition to these I have had four others which had been under the care of an allopathic physician

and given up to die. Of these one died the same day, the others recovered. In an extensive practice extending over a period of twelve years, I have never lost but one case of diphtheria which I had had control of from the first, and that was before I had entered the beautiful gate of specific medication.

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## *GRANULES OF PODOPHYLLIN AND HYDRASTIA FOR HEADACHE.*

BY PITTS E. HOWES, M. D., WAKEFIELD, MASS.

Among the many and varied kinds of headache, and their name is legion, there is one, which seems to result from a perverted action of the liver, or rather a non-action, in which I have used with invariable success, the little pill, described by Professor Scudder, and advised by him in habitual constipation, viz: Podophyllin grs. 1-20; Hydrastis grs. 1-4. The action of this little pill is marvellous, and will well repay for its use. The next time a case presents itself, in which you are confident that the liver is not working as it should, try these little pills and report results. I am confident that they will be favorable. If the headache comes on during the day, I usually direct that a pill be taken and the dose repeated in an hour, but if at night I order two pills to be taken at bed time.

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## *AN "AGUE CAKE" OF REMARKABLE SIZE.*

BY GEORGE D. HARRISON, M. D., NORTHAMPTON, MASS.

I am induced to report the following, as I believe such cases are comparatively rarely met with, even by those who have the most extended opportunities for observation, and an account of the same may therefore be of interest.

About a year ago I was called to attend a negro man, aged thirty-eight years, whom I found in a most distressed and almost helpless condition. From his account he was born and brought up in a malarious district, and had been employed for a number of years on some of the river crafts of the lower counties of the State of Illinois. During this period he had been very frequently the subject of bilious and intermittent fevers. According to his statement uneasy sensations referable to the spleen were

first experienced about eighteen months previous to date, and had gradually increased in severity, until when he came under my observation his condition was as follows: The abdomen was enormously distended by enlarged viscera and some accumulated fluid dependent upon *mechanical* causes. The lower extremities were very œdematous, pitting deeply upon pressure, with the integument made tense from excessive dropsical effusion. At first I supposed the case to be one of Bright's disease of the kidney; but, upon further examination, the diagnosis of splenohæmia was clearly established. There was no puffiness of the eyelids nor swelling of the face and upper extremities; the countenance was not such as generally accompanies renal disease, and finally the absence of albumen and casts in the urine seemed sufficient to exclude Bright's disease of the kidney. On the other hand, the induration and tumefaction in the left hypochondriac region were plainly perceptible to palpation. With the assistance of percussion and manipulation through the thin and feeble abdominal walls, the outline of the enlarged spleen, with its peculiar fissures, could be distinctly made out. There had been frequent epistaxis, and also passages of blood from the bowels.

The case being diagnosed as one of enlarged spleen with the usual accompanying phenomena, the patient was put upon chalybeate tonics with quinine, in conjunction with a belladonna plaster and other external applications which failed however to give any good results, or to diminish in any way the enlarged organ. Iodide of potassium was then given a prolonged trial, but without good effect.

Several successful cases of extirpation of the spleen, having been reported in the English journals about that time, I was considering, and discussed with another physician, the operation for the removal of this organ in the case in question, as it was apparent that internal medication would be of no avail. An opportunity, however, was not afforded to test the value of this operative expedient, as the death of the patient was induced through an accident. In moving along a dark and narrow passage of the house in which he lived he fell down a short flight of steps, and in his distended condition was so seriously injured that he died within twenty-four hours.

After death an autopsy revealed the following condition: Before opening the body 7 1-2 quarts of dark bloody fluid were drawn off by paracentesis. The abdomen was then opened by a crucial incision; the flaps being turned aside, the abdominal viscera were exposed in the following order: The left lobe of the liver extended about 3 1-2 inches to the left of the median line, and overlapped the spleen to the extent of 4 inches. Its right lobe projected below the margin of the ribs 3 1-2 inches. The weight of the liver was 7 3-4 pounds—the average weight of the healthy liver being from three to four pounds. The stomach was small and pushed over to the right side by the enlarged spleen. The omentum was much inflamed. The spleen extended from the pushed up diaphragm downward throughout the whole of the left side of the abdomen, reaching nearly to the pubes, also encroached on the right side for about 2 1-2 inches beyond the median line. It was lobulated upon the right margin, the fissures being four in number, and from 1 to 2 inches in depth. This organ was adherent to the diaphragm.

There were also attachments between other parts of the abdominal viscera. The weight of the spleen was 9 3-4 *pounds;* length, 16 inches; greatest breadth, 11 1-2 inches. In contrast, the normal weight is 6 or 7 ounces, length five inches, breadth three. The heart was also somewhat hypertrophied and forced upward and out of position by the enlarged abdominal organs. The kidneys presented a normal appearance.

Although the size of this spleen was so very great, much larger than many put upon record, still larger ones have been mentioned by writers on pathological anatomy.

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## *MEETING OF THE NATIONAL ASSOCIATION IN 1886.*

President Piper calls attention to the next meeting of the National Eclectic Medical Association, and makes the following reminder to Eclectic physicians:

The National Eclectic Medical Association will hold its sixteenth annual meeting at Atlanta, Georgia, June 16th, 17th and 18th, 1886. Many of the most progressive and energetic physicians of the Northern States have already signified their

purpose to attend; and the general sentiment expressed indicates that this will be the largest and most enthusiastic gathering known in the history of the Association. Every physician who believes that professional qualifications and not mere arbitrary or partisan tests should be the only passport to professional standing, is invited to co-operate.

The following Committee of Arrangements has been appointed: Prof. William M. Durham, M. D., Prof. S. T. Biggers, M. D., A. D. Johnston, M. D., W. A. Smith, M. D., William Fisher, M. D., M. C. Martin, M. D., Hon. W. H. Phillips, Hon. Geo. T. Ogletree.

Every auxiliary State Society is entitled to fifteen delegates in addition to its permanent members in the National Association; and each local society, together with the colleges of Cincinnati, New York, Chicago, St. Louis, Oakland, Atlanta and Indianapolis (already recognized), to two delegates. Every such delegate must be a graduate in medicine, or a reputable practitioner of fifteen years' standing, and is eligible as a candidate for permanent membership.

Blank certificates for credentials of delegates have been prepared by the Secretary, and will be issued on application to the Secretaries of auxiliary societies.

The Mutual Aid Society of the National Eclectic Medical Association, which was formed at Altoona, will hold its annual meeting on the 16th of June. Send names of applicants to Alexander Wilder, M. D., Secretary, Newark, N. J.

Application will be made early for reduced rates of fare on the several railroad lines, without a doubt of compliance. Eastern physicians can go by steamer to Savannah, and thence by rail to Atlanta, with economy and pleasure.

The physicians of the South are already awake and will attend in full force. The National Association, which represents the AMERICAN Practice of Medicine as distinct from the naturalized exotic which pretends to divine right, to exclusive favor and monopoly, has now appointed its first meeting in a Southern State, and they as patriots welcome it accordingly.

Atlanta is one of the most healthful, prosperous and enterprising cities in the State of Georgia. In Summer its tempera-

ture is several degrees cooler than in the more Northern cities. It is the home of Eclectic Medicine in the South. We are invited thither and assured of a royal reception.

H. B. Piper, M. D., President.

Tyrone, Penn., Sept. 1, 1885.

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## GLEANINGS FROM ECLECTICISM.

Conducted by C. E. Miles, M. D.

### *IMPOTENCY AND AMENORRHŒA SUCCESSFULLY TREATED WITH DAMIANA.*

After detailing a number of marked cases of importance, Dr. J. J. Caldwell continues:

It will be well at this juncture to call the attention of the profession to the remarkable and beneficial action of this drug (damiana) in the various unhealthy or irregular discharges of the genito-urinary organs, in the female as well as in the male. Several of my medical brethren have strongly testified in its favor in the treatment of sterility, where the uterus and its appendages seemed to suffer from inertia. I have found it an excellent remedy in cases of amenorrhœa, dysmenorrhœa, and leucorrhœa. Spermatorrhœa is a deranged state of mental and bodily health, due to too frequent escape of seminal fluid. Masturbation is the most common cause. The symptoms may be a separate escape of seminal fluid; or this may be associated with morbid changes in the vesiculæ seminales, ejaculatory ducts, bulbous portion of the urethra and prostate gland. Urine is sometimes rendered slightly albuminous by seminal fluid.

"Reduced sexual power, from whatever cause it may arise, is one of the most distressing maladies, and is therefore entitled to the deepest sympathy and consideration on the part of the honest practitioner, by whom, unfortunately, it is rarely discussed."

When the intimate connections which exist between the urethra, the prostate gland, the seminal vesicles, the ejaculatory and deferential ducts, and the tube are remembered, it is not surprising that lesions of that passage should exert a powerful effect upon the functions of generation—whether that effect be due to the entension of morbid action through continuity of stricture, or to reflex action. Hence it is that many persons afflicted with urethral disorders suffer from more or less marked disturbance in their sexual power, amounting in some instances to impotence,

or inability to copulate, either from inability of introcession or premature ejaculation. Both states are associated with imperfect and transient erections—in many cases dependent upon stricture, inflammation and hyperæsthesia of the posterior portion of the urethra.

So frequent reference has been made in this paper to the preparations of damiana by Messrs. Parke, Davis & Co., of Detroit, Mich., because there are so many spurious or adulterated preparations of the plant on the market, that it impairs confidence in the drug. I have got in the habit of prescribing many of the preparations sent out by this firm, because I have not been deceived as to their genuineness and reliable strength. —J. J. Caldwell, M. D., in *American Medical Journal.*

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## *GERANIUM MACULATUM.*

As this is the time when the small boy and the small girl eat green apples and taste of other forbidden things, and "summer complaints" are rife throughout the land, astringents are now frequently indicated. Not that all of these cases are to be treated with astringents; that would be bad practice. Some need emetics and others laxatives, but a vast majority should have neither, the small dose of aconite, ipecac, nux vomica, oxalate of cerium, bismuth, etc., giving better results. Yet there are cases in which an astringent is imperatively demanded, and in these, Geranium Maculatum will be found to fill the indication admirably. It should be given in doses of from five to twenty drops of tinc. $\frac{x}{1}$, and repeated every thirty minutes to every hour in acute cases, and every two hours to three times a day in cases of a chronic nature. Its pleasant taste and freedom from offensive odor make it a very acceptable remedial agent in the treatment of children and persons having delicate stomachs.

In my practice several cases of chronic diarrhœa have been brought under the curative influence of Geranium after several other reputable remedies had signally failed to obtain the least control over the morbid discharges. The diarrhœa of phthisis pulmonalis is greatly modified by the timely exhibition of this remedy. It is also an agent of recognizable power in passive hemorrhage from the bowels and other mucous surfaces. Geranium and Baptisia combined act well in typhoid conditions, and materially aid in disposing of the diarrhœa and correcting the putrefactive tendency.

Of course Geranium has other uses, but of these it is not my purpose to speak at this time.

In this article it is probable that I have not advanced anything

new to experienced Eclectic physicians. But, then, I do not write for their benefit. My articles are written for the simple purpose of calling the attention of students and young physicians to a few things which I have experimentally found to be of value to all who deal with that form of life known as disease.—Dr. J. W. Fyfe, in *Medical Advocate.*

## *KOUMISS.*

There are several formulæ for the preparation of beverages from milk and termed "koumiss." These various preparations possess properties that are useful in many disorders of the stomach and bowels. Sometime since I perfected a plan for manufacturing what I call "sweet koumiss" as follows: One quart of fresh milk, one and a half ounces of granulated sugar, and one drachm of compressed yeast. First dissolve the sugar in the milk, then add the yeast, and place in a well-stopped bottle, and keep at a temperature of 70° to 80° for five or six hours, shaking the mixture thoroughly every hour. After which the bottle should be placed horizontally in an ice refrigerator over night; the following day the "koumiss" is ready for use. Prepare during the afternoon of each day the quantity to be used the following day. In irritable conditions of the stomach and bowels, causing distress after eating, nausea, vomiting, headache, diarrhœa, etc., this koumiss is one of the most valuable agents I have ever used; it is not only medicinal in such cases, but very nutritious.

It has allayed distressing vomiting during pregnancy when all other favorite remedies have failed. Typhoid and other long continued fever cases can be nourished by it, and the alimentary irritations controlled. Recently I have recommended it to young mothers to increase their lacteal supply, a quart of the koumiss to be used daily.—*Chicago Medical Times.*

## *INTRODUCING A CATHETER UNDER DIFFICULTIES.*

We have frequently called attention to the value of the French soft-rubber catheter, into which is inserted a small bougie to act as a stiffener, when we have occasion to introduce a catheter for the relief of retention. In enlarged prostate, or in retention, caused by urethritis, we have no time to waste, nor do we dare to push things with an iron hand. No, we must coax, and the limber, flaccid catheter is the tool to do it with. If there is spasm, which is seldom absent, we say, give a full dose of

gelsemium at once, for nothing makes the urethra more tolerant and docile. Then take the limber rubber catheter (say No. 12), oil it, introduce into it a No. 4 or No. 3 bougie, then commence to introduce it carefully, and when you get to where it won't go, simply stop, then draw the penis in line with the prostatic urethra so as to make the whole passage as straight as may be, gently push your catheter, and at the same time give it a rotary motion with the thumb and finger; this succeeds in coaxing the catheter through the difficult and embarrassing passages, even where they are tortuous, and thus you enter the bladder.

We drew off nearly three quarts of urine from a man lately, who had been suffering with retention nearly four days, and beat out the other doctors. We drew off twelve ounces of urine from a man in our office, who could not pass urine, and the catheter gave him pain. We pushed and shoved, and, as Dr. Cofer said, bullied the urethra into submission. This little instrument is the safest thing, in all hands, we know of.—*Georgia Eclectic Medical Journal.*

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## *A RARE CASE OF STRONGYLUS-GIGAS, OR PALISADE WORMS OF THE KIDNEY.*

Mr. F. W. Carleton, of Portland, Me., æt. 46 years, sanguine-bilious temperament, a carpenter by occupation, has been under the treatment of a number of physicians, for liver and kidney complaint, but has received no permanent relief.

October 2nd, 1883, while at work, he strained himself by over-lifting. This was followed by twelve slight attacks of hæmaturia, which attacks were painful. There would be partial retention, with frequent desire to urinate, but could pass only about a tablespoonful at a time of very dark and offensive urine; at other times he would fill a chamber-vessel of very light-colored urine in a night.

November 10th, 1884, he had been lifting heavily, and on the 11th I was called at 2.30 A. M. I found him in great agony; sharp pains through the left kidney and groin. Diagnosed calculi of the kidney. Ordered hot applications to the painful side; gave internally, morphia, tinct. lobelia, and tinct. gelsemium. In two hours he was relieved of the acute pain, and at 9 A. M. was comparatively comfortable, although there still existed a dull pain in the region of the left kidney, and a swelling in the left groin. I was again called the following day, at 8 P. M. He had passed about a pint of bloody urine. There was numbness of the whole left side, with icy coldness of the left hand and foot, distress about the heart, pulse 100 per minute

and irregular, and neuralgic pain in the head and shoulder. Prescribed the following:

℞.—Liq. ergotæ puri, ʒ vss.
Ext. rhus-aromat. fluid, ʒ iiss.
Tinct. gelsemii, ʒ iss.
Syr. tolu, q. s. ad ℥ iv.

M. Sig.—One teaspoonful three times a day. Also to drink freely of marsh-mallow root tea.

Every day between four and five P. M. he would have a hemorrhage. He remained in that condition until the 20th, when he had an attack of cramps in the left groin, and an hour later, while urinating, passed ten inches of the parasite accompanied by considerable hemorrhage. In the afternoon, passed two inches more of the worm, including the head. Most of the unpleasant symptoms had now left him, although he still complained of distress about the heart and stomach. I prescribed:

℞.—Tinct. amygdalæ persiciæ, ℥ j.
" cacti grand, ʒ ss.
Aquæ, ℥ ij.

M. Sig.—One teaspoonful before each meal.

He remained in a comfortable condition until the 24th, when, about an hour after taking a dose of the ergot prescription, he experienced more pain about the kidney, followed by quite a hemorrhage, during which he passed blood clots, four calculi, and another worm eighteen inches long. Thinking he must be troubled with intestinal worms, I gave him the following:

℞.—Santonin, gr. xij.
Populin, gr. vj.
Podophyllin, gr. j.
Sac lact. ʒ j.

M. Make into xij powders; take one three times a day.

December 4th: He passed through the bowels, as he expressed it, a lump as big as a hen's egg, of what he thought to be worms. On the 14th, was able to be about the house; on the 15th, caught a severe cold. December 16th, symptoms of rheumatic fever presented, but were quickly subdued. Stopped the ergot prescription and gave salicin in one-quarter grain doses three times a day. He improved rapidly, remained in fair health up to the latter part of January, 1885, when, from overwork, he brought on another severe attack of hæmaturia. I had changed my location in the meantime, so did not get the particulars of that attack.

According to our medical literature, this worm was known as early as the middle of the sixteenth century, and has been found in the kidneys, and rarely in other organs, of both carnivorous

and herbivorous animals. It has been found in the dog, the horse, the ox, and other animals. It is exceedingly rare in man; only sixteen cases having been recorded, of which number, nine are considered of doubtful authenticity. There is no report given of any case where the palisade worm passed through the natural channel. Ziemssen writes: "It has never been known that the worm has ever been passed with the water." As far as I can ascertain, this is the only case on record where the worm did pass during micturition. The specimens have been examined by many physicians in Portland, Me., and they all assert that it is a true case of strongylus gigas.

This worm, in its external appearance, bears a great resemblance to a large earth worm. The female is longer than the male. Specimens taken from the dog were from twelve to twenty-five inches in length, while in the case above cited they were twelve and eighteen inches long. It is distinguished from the ordinary intestinal worm (ascaris lumbricoides) by its reddish color (which is, no doubt, produced by the bloody fluid in which it is usually found), by its great size, and by the presence of six nodules or papillæ around the mouth, the ascaris lumbricoides having only three of them.—Dr. F. Barrett, in *Medical Advocate.*

## SELECTIONS.

### *DIARRHŒA AND DYSENTERY IN CHILDREN.*

Diarrhœa in children is an increase in the frequency and amount of the alvine evacuations, with a thin or watery character, and admixture of fecal lumps, undigested food, and, perhaps, mucus. In children under one year the cause is often in the state of health or habits of the mother or nurse, from a faulty method of feeding, or resulting from cold or dampness. In children over one year, the cause will be either dentition or errors of diet. Impure air, or the direct effect of a high temperature in summer, may be considered as causative conditions. We may distinguish several varieties—Simple: where there is only a moderate increase in the frequency, amount and fluidity of the normal dejecta. Lienteric: the discharges similar to the preceding, but containing considerable portions of undigested food; occurring mostly in children badly fed, and pointing to an imperfect digestion. Choleraic: the passages very thin, and squirted from the anus as if from a syringe; these discharges do not have the normal acid odor, but are usually fetid, and have

an alkaline reaction—the so-called cholera infantum. Mucous Diarrhœa: the passages containing considerable mucus, sometimes streaks of blood, and attended with pain. These different varieties are more or less blended in most cases. Stools possessing a putrid odor indicate involvement of the mesenteric glands, and such cases usually terminate fatally. Bad methods of nursing or feeding are responsible, more than all other preventable causes combined, for the prevalence of summer diarrhœa. If a mother cannot suckle her infant, it is best to provide a wet-nurse. When a wet-nurse cannot be employed, milk is the only suitable food for young infants. It should be diluted with from one-half to one-fifth part of water, for infants under a year old, and add fifteen grains or half a teaspoonful of soda to each pint, which prevents the caseine from forming in such hard coagula and neutralizes any acidity which may have developed; or a tablespoonful or two of lime water may be used instead. It is well to test the milk with litmus paper as a guide to the quantity of soda or lime water to be added. In the case of children with very weak digestion, from five to ten grains of pancreatin may be added, first dissolving it in a little water, and giving the milk blood-warm. If, notwithstanding this, curds are vomited, or three-quarters pass through, the milk may be digested half an hour with pepsin at a temperature of about 100°, then strained through a fine sieve, and the whey given with or without a portion of the finely divided curd. It is best to sweeten the milk with sugar of milk. In some cases of diarrhœa, attended with vomiting, the white of an egg, diffused in a pint of water, will be well retained and afford a grateful and nutritious drink. The doctor has no great confidence in infants' foods. If cow's milk will not agree, he tries condensed milk, and alternates it with some of the semi-farinaceous foods in children three or four months old. Nestle's milk food he has found as reliable as any of its class. In the simpler forms of diarrhœa, a few doses of gray powder will often be the only remedy required. Calomel in small and frequent doses will be useful in case the discharge is devoid of coloring matter (white or chylous diarrhœa). No mercurial should be long continued. Lienteric diarrhœa, pointing to disorder of the primary digestion, will be benefited by nux vomica, drop-doses or less, of the tincture. Green or mucous passages, with much griping, will find an appropriate remedy in ipecac in doses short of an emetic effect. Watery passages with pain and sleeplessness will be well met by a few efficient doses of Dover's powder combined with bismuth. Whisky should be given when there is prostration. The doctor likewise uses a trituration of liquor arsenicalis, $\frac{1}{100}$ to $\frac{1}{200}$ grain to

the dose, in great loss of vital power. Where the nervous system is much disturbed, the doctor gives veratrum album, from one-quarter to two drops every hour, with good results. Teaspoonful doses of camphor water are good at the onset of a severe attack with liquid stools. Dysentery is more severe and dangerous than ordinary diarrhœa. It is often preceded for a day or two by malaise, fever, and dyspeptic trouble; then the bowels act more frequently and loosely than usual, and soon the passages become bloody and slimy. The classic treatment of opiates and laxatives will suffice for a cure in a majority of cases, but success will depend largely upon their judicious employment. —*Archives of Pediatrics.*

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## *INSERTING A TUBE FOR THE RELIFF OF CROUP.*

Dr. F. E. Waxham concludes an article published in *Chicago Med. Jour. and Exam.*, as follows:

1. A solution of pancreatin, with soda and glycerine, is the quickest and most satisfactory solvent.

2. Lime water in the form of spray is a rapid solvent of false membranes, but does not act as quickly as a solution of pancreatin.

3. The vapor of lime, however thoroughly applied, is entirely useless as a solvent.

4. Lactic acid is not a satisfactory solvent.

I am convinced that the profession in Chicago, while they sanction tracheotomy, are not enthusiastic over it, and that they will gladly accept any substitute and give it a fair trial. Such a substitute has been proposed in the tubing of the larynx. To Dr. O'Dwyer, of New York City, belongs the great credit of originating this bold and ingenious method of treating croup. While the larynx has been tubed, from time to time, for laryngeal obstructions, yet none were bold enough to use tubes of sufficient length to drop into the trachea and to leave them in situ. Although occasionally performed, the method was entirely different from that advocated and practiced by Dr. O'Dwyer.

We can see no objection that can be raised to this method of treating croup that does not apply to tracheotomy as well. True, the false membrane may extend below the tube and cause obstruction in the trachea, but this is just as likely, or even more likely, to occur after tracheotomy.

The advantages of intubation are:

1. That with a little dexterity and practice it can be very easily and quickly performed and without danger.

2. We have no mutilation or disfigurement of the patient.

3. We have no wound that may be the cause of shock or that may be the source of systemic infection.

4. The laryngeal tube can be worn much more easily, with less irritation, than the canula after a tracheotomy. Coughing and expectoration occur just as easily.

5. It does not require the close and unremitting care of the medical attendant, as does a tube after tracheotomy.

6. The air that reaches the lungs is warm from its contact with the upper air passages, and not as likely to cause bronchitis or pneumonia.

7. Much less objection will be raised by parents against tubing.—*Medical Digest.*

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## *DANGEROUS HEMORRHAGE FROM RUPTURE OF THE VAGINA DURING COITUS.*

Dr. Paul F. Munde, of New York, (*Boston Medical and Surgical Journal*) reports two cases of this kind which have come under his observation. In the first case the rent was intra-vaginal, extending inward from the nick in the hymen to the left of and paralled with the urethra. The patient was in collapse, with occasional momentary loss of consciousness. The hemorrhage was controlled by tightly tamponing with disks of alum cotton carried down to the vulva.

The second case was a patient twenty-two years of age, who was feeble and weary-looking from the loss of blood. After the bleeding had been discovered, two physicians had attended her, one giving ergot and the other ordering the application of ice to the abdomen, without making an examination. The hemorrhage continuing, Dr. Munde was sent for, and upon examination found no bleeding spot in the hymen, but the vagina was full of coagula. This being removed, a deep fissure, two-and-a-half inches in length and one-half an inch in depth, was discovered in the left vaginal wall, extending from about an inch above the hymen nearly to the cul-de-sac. The edges were ragged and bruised. A similar tampon to that used in the first case effectually controlled the hemorrhage.

In neither of these cases was there apparently any disproportion of the generative organs, nor had unusual violence been used. The vaginæ were perfectly healthful in appearance, and both patients were young and of good condition.

Dr. Munde refers to a case cited recently by Dr. Chadwick, in which senile atrophy of the vagina was apparently the predisposing cause, and also a case of Ziess where the recent confine-

ment of a woman, and the adhesion of the cervix to the lacerated side of the vagina, sufficiently explained the accident. There was reported a few years ago in a Canadian Journal, a case where a sailor just returned from a nine years' cruise, on having coition with his wife, ruptured the vaginal vault to such an extent that she came near dying.

Dr. Munde's cases are interesting as showing that this distressing accident may occur without undue violence or any apparent cause, and they also teach us the importance of making an examination in all such cases before attempting treatment, which must consist of the tight tampon, repeated as long as danger of recurrence of hemorrhage exists, or if the rent is external, where a vaginal tampon cannot well control the hemorrhage, suture should be used.—*Virginia Med. Monthly.*

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## *SPECIFIC MEDICATION FOR WHOOPING-COUGH.*

Dr. C. R. Illingworth writes in *The Lancet*:

I have found a popular remedy very efficacious in the treatment of whooping-cough. I refer to picked oakum, worn by the patient either round the neck in muslin, or on the chest as a pad stitched to the under clothing. Locally I apply the glycerine of tannin with a laryngeal brush two or three times a day, and internally I prescribe one, two, or three grain doses of chloral, one, two, or three minims of belladonna, one grain of alum, and one minim of carbolic acid, in syrup, every two or three hours. A liniment of turpentine, acetic acid and yolk of egg, is an excellent application for the chest, back and neck, night and morning, with the liniment of belladonna added in the proportion of 1 to 7. In children of two years or more, I have applied carbolic acid and glycerine, in the proportion of 1 to 15, to the larynx with success, each application checking a paroxym at once. With the above mentioned treatment I cure the worst cases in from seven to ten days.—*Nashville Med. Journal.*

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## *INDUCTION OF PREMATURE LABOR.*

Dr. T. G. Thomas, of New York, writes as follows regarding the induction of premature labor: The method of inducing premature labor which I now invariably adopt is very simple, and, at the same time, a perfectly efficient one. The patient is placed across the bed, with the buttocks resting near the edge, and under her is arranged a large piece of rubber or oil-cloth in such a way as to drain into a tub below on the floor. In this tub we put one or two gallons of water at a temperature of 98° F.

The operator stands between the thighs of the patient, whose knees should be properly supported, and employing a syringe with a long nozzle, which is carried up as far into the cervical canal as it will go, he keeps a steady stream directly against the membranes. In the course of ten minutes the os will be the size of a silver half-dollar, and when dilatation to this extent has been accomplished, he is to insert a gum catheter between the membranes and the uterine walls. The patient is then put in bed, and that is all.

This operation constitutes one of the greatest advances that have ever been made in the obstetric art, and it is certainly no mean triumph to be able thus to preserve a human life which, without it said, would have been inevitably lost. I can point to at least two dozen children in this city who by this means were saved from an untimely fate. When the infant has been delivered before full term, it should not be washed and otherwise treated in the ordinary manner of nurses, but should be carefully wrapped in warm cotton and allowed to remain in it, the temperature of the room in the meanwhile being brought up to nearly one hundred degrees.—*Md. Med. Jour.*—*The Analectic.*

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## *THE ELASTIC BANDAGE IN STRANGULATED HERNIA.*

The elastic bandage is so decided an improvement on the old-fashioned truss, and is so simple a contrivance in itself, that it is a matter of surprise that its palpable advantages should not have been recognized sooner. Though preferable to the truss in every form of hernia, it is especially in the strangulated form that the bandage renders priceless services. Jakowlew regards the application of the elastic bandage—next to an operation—as the most effective method of eliminating an incarcerated hernia, and speaks with confidence of its usefulness, even after the failure of taxis (*Centralblatt fur Chirurgie*, No. 11, 1885). According to this author there are various modes of origin of an incarcerated hernia, as can be seen in herniotomy or in an autopsy. Each origin, as far as it can be ascertained, will, of course, call for a special form of taxis, but the bandage will be equally useful in all cases. The permanent, mild and uniform pressure of the bandage on the intestinal loop mostly results in either pushing the intestinal contents backward into the afferent or onward into the efferent portion of the loop, removing the strangulation in either case. Experiments on the cadaver have amply proven these results. The danger of gangrene is to be cautiously guarded against; persistent, violent, or even con-

siderable pain is sufficient cause to discontinue the bandage. If, after the use of this bandage for ten to twelve hours, no symptoms of improvement appear, the uselessness of this treatment must be acknowledged, and other means resorted to. Jakowlew reports the successful employment of the bandage in five cases out of six, though in some cases grave symptoms and failure of taxis had preceded.—*Therapeutic Gazette.—Medical Digest.*

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## *OBSERVATIONS ON THE CLINICAL FEATURES AND TREATMENT OF PHIMOSIS IN INFANCY AND CHILDHOOD.*

A PHIMOSIS is a contraction of the prepuce, which is sometimes short, at other times a little longer, but usually much longer than necessary for cleanliness and comfort. The accumulation of urine and secretions between the glans and prepuce excites much irritation and suffering. This is frequently the unknown or unrecognized cause of much constitutional disturbance, and too much stress cannot be laid on the necessity of a careful examination of the prepuce of infants suffering from any irritable or febrile disease, especially of doubtful origin. The irritation of a contracted and elongated prepuce sometimes leads the child to attempt relief by efforts to uncover the glans, which frequently terminate in strangulation and paraphimosis. The doctor believes that a healthy prepuce, normal in size, length, size of opening, and freedom of retraction, is the exception, not the rule; hence nearly all boys uncircumcised must suffer more or less from genital irritation. He has never met with any case of paraplegia or hemiplegia caused by preputial irritation; neither has he ever seen or heard of any case of paralysis relieved by circumcision. Dysuria and nocturnal incontinence are frequently associated and result from genital and preputial irritation; occasionally the symptoms are very severe, when the sufferer is afflicted with "night terror." Circumcision affords the best means of relief and cure. Prolapsus ani and hemorrhoids are sometimes the result of excessive straining in dysuria associated with preputial stenosis. Many symptoms simulating the presence of stone in the bladder are occasionally met with in children having a long and narrow prepuce. Circumcision is the only course that affords a radical cure for phimosis, especially in infancy and childhood. Congenital constriction of the meatus urinarius is invariably associated with phimosis, the constriction depending to a great degree on the character and extent of constriction of the prepuce. There is usually a narrowing of the outlet, scarcely admitting a small probe, and caused by a band

of skin and mucous membrane that is stretched across the end of the urethra. The treatment is simple—division of the constricting tissues—but care and skill are essential to secure a good result.—*Archives of Pediatrics.*

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## *TREATMENT OE GONORRHŒA IN THE FEMALE.*

Gonorrhœa in the female, when uncomplicated, is much easier to treat than in the male. The same restrictions as to diet, etc., and the necessity for rest applies equally in both sexes. But the urino-genital remedies—as cubebs, copaibæ, etc.,—used in the male are inapplicable in the female, as the seat of the disease in the male is in the urethra, and in the female the vagina. The urine in the female might be strongly impregnated with copaibæ, yet it would do no good, because it would not reach the seat of disease.

Cleanliness and rest are the two all-important factors. The first may be attained by *frequent* and *copious* injections of warm water. Care must be taken to distend the folds of the vagina. The best way to do this is to have the injection made while in the recumbent position; but as it is difficult to get patients to do this, we have often succeeded well by telling them to close the vagina about the instrument by pressing the labia together with the left hand, then by injecting "balloon" the vagina, as it were, then allow the water to come out with a gush. By doing this repeatedly the folds are all cleaned of pus and mucus, and this alone is sufficient to cure in the majority of cases. In the declining stage, the cure is hastened by the addition of astringents, as sulphate of zinc, hydrastis, etc. Permanganate of potassa is also useful; but medicine must not be chiefly depended on; cleanliness, obtained by frequent and copious injections, and rest in the horizontal position are the chief requisites.—*Med. World.*—*The Analectic.*

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## *APOLLINARIS WATER AS AN ASTRINGENT IN VOMITING OF PREGNANCY.*

Nausea and vomiting are very common symptoms belonging to the pregnant state, so common that women will frequently recognize the condition in which they are from these gastric phenomena, and they often do so before the cessation of the menses has given them a more reliable proof of their being pregnant.

Probably every remedy of which the least effect could be expected, has been tried in grave cases of this kind. For a

while cauterization of the external os of the uterus was in fashion, and of late, stretching of the neck has been highly recommended. Dr. Adrian Schuckling (*Allg. Med. Centr. Zeit.*, March 28, 1885,) has tried the latter operation in a series of cases, but found it invariably useless. Instead of it, he recommends the injection of carbonic acid, especially of those mineral waters which contain, besides small quantities of iron, a great amount of carbonic acid, into the rectum. In the article mentioned, S. reports a number of cases in which every known remedy—the operations included—had been tried in vain, and where life was really threatened, and where ultimately the injection of carbonic acid, in the form described, established a complete and permanent cure. As the presence of iron in these mineral waters does not seem to be essential, Apollinaris water may be the best to use in these cases.—*Med. and Surg. Reporter.—Med. Digest.*

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## *A SPECIFIC IN NEURALGIA OF THE FIFTH NERVE.*

We possess at present a number of remedies which are of great service in neuralgias and other painful affections of the head. In common headache salicylate of sodium, if administered in doses of fifteen grains every three hours, has a splendid effect. In certain forms of sick headache, especially when the face has a flushed appearance, croton-chloral, given in doses of two grains and in pill form every two hours, rarely fails to bring relief. In hemicrania, if the face looks blanched, the inhalation of nitrite of amyl is the best remedy.

In neuralgia of the fifth nerve various drugs have been recommended from time to time. Are the attacks short but severe, and if they do not recur very frequently, hypodermic injections of morphia may be relied upon. In some cases large doses of quinine put an end to the seizure. Muriate of ammonia, fifteen grains every three hours, acts like magic in some individuals, while in others, especially when gastric irritability accompanies the attack, and still more, if nausea and vomiting usher it in, one or two grains of tartar emetic, if necessary repeated until emesis sets in, causes the neuralgia to disappear.

Recently a new remedy has been brought forward, which promises to become *the* specific in neuralgia of the trigeminus. Dr. M. Schnieder (*Allg. Med. Centr. Zeit.*, 49, 1885,) had a lady patient, who at long intervals suffered from severe attacks of this painful malady. These attacks lasted from one month to half a year, and were accompanied by the most excruciating

# POWDER OF BEEF.

A concentrated food of the highest nutritive value.

It represents in an exceedingly concentrated form the total nutritive value of the beef.

It is tasteless, and can be taken for a longer time than the various extracts of beef, beef juices, etc., without exciting nausea.

It is not only more readily digested and assimilated, but also incomparably easier of administration than other concentrated aliments, and may be added to water, or milk, or wine, or beaten up with the yolk of an egg.

Drs. Debove and Dujardin-Beaumetz, of Paris, France, Dr. Lauder Brunton, of London, England, Dr Henry B. Millard, of New York City, and many others, have given Powder of Beef a most thorough trial, and report that it is a most valuable adjuvant in the treatment of dyspepsia, indigestion, gastritis, ulcer of the stomach, tuberculosis, and in all chronic wasting diseases accompanied by enfeeblement of the digestive and assimilative functions.

☞Send for complete descriptive circular.

# PURE POWDERED BONE.

*A TRUE NERVE AND BONE FOOD.*

For the treatment of such affections as nervous exhaustion, rickets, and all diseases dependent upon a lack of the proper supply of the inorganic elements of the tissues, it is believed that pure powdered bone will be found vastly superior to all preparations of the mineral acids, phosphates, hypophosphites, etc., etc.

*It has the exact chemical composition required for a true nerve and bone food.*
*Its mechanical construction is such as to aid digestion to the greatest possible degree.*
*It is tasteless and odorless.*
*It is miscible with all ordinary foods in the proportions required, without detection.*
*It is inexpensive, and therefore adapted for general use.*

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# ANTISEPTIC COLOGNE.

*Combines the properties of an active disinfectant with those of a refreshing and agreeable perfume.*

ACTIVE CONSTITUENTS.

Thymol, oil eucalyptus and mercuric chloride, which are combined with a cologne of superior quality.

The utility of this preparation will, it is believed, be recognized by pharmacists. It may be employed wherever an antiseptic is indicated, and is free from the objectionable odor which limits the practical use of the antiseptics hitherto available.

Antiseptic Cologne is put up in half-pint bottles, neatly labelled, and with full directions for use. Price: Trial size, 25 cents. In half-pint bottles, $1 00.

☞Send for complete descriptive circular.

# TABLETS OF YELLOW OXIDE OF MERCURY

**In the treatment of Septic Dyspepsia, and as a Prophylactic against Dysentery, Enteric Fever, Cholera, etc.**

In an article published in the Medical Record, April 25, Dr. Achilles Rose calls attention to the use of yellow oxide of mercury in minute doses in the treatment of various intestinal disorders. The results of the use of this agent have been so gratifying as to lead us to manufacture the tablets recommended by Dr. Rose.

We are prepared to furnish them in bottles containg 100 each, and we especially request physicians to report the results they obtain in their use. In case of an invasion of cholera, a trial of this agent as a prophylactic is suggested. We should be especially interested in any observations bearing of this point.

☞Send for complete descriptive circular.

# PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

# LIME JUICE AND PEPSIN.

*A Digestive Tonic, Prophylactic against Biliousness, and Remedy for the Ready Relief of Constipation, Dyspepsia, Anorexia and Mal-assimilation.*

EACH FLUIDOUNCE CONTAINS ONE FLUIDRACHM OF PURE LIME JUICE, AND SIXTEEN GRAINS SACCHARATED PEPSIN, U. S. P.

Lime juice is a grateful refrigerant tonic, and a powerful antiscorbutic. It aids digestion and exerts a general benign influence over the system even in health by promoting and regulating the secretions. A free use of lemons or limes at any season of the year, and especially in summer, is a prophylactic against the many disorders which arise from imperfect elimination of excrementitious products from the system, and especially against the condition generally known as biliousness.

A combination of lime juice with pepsin fulfills a large number of indications, especially in those common cases where there is no actual disease existing, but where there is a sallow complexion, loss of appetite, more or less derangement of digestion, a tendency to constipation and a condition of general debility. It not only restores appetite, and removes the dyspeptic symptoms, but it relieves the condition of physical and mental depression, and gives life new zest.

Being strictly a physiological remedy, it is not liable, like the alcoholic bitters so frequently employed for the same purposes, to create any morbid appetite, and we would therefore especially recommend it as a substitute for these. It should be taken at meal time, either clear or diluted with a little water. One or two teaspoonfuls constitute an ordinary dose.

The lime juice and pepsin is put up in pint and half-gallon bottles, and in bulk. Please send for prices and descriptive circular

# CHLOR-ANODYNE.

A reliable remedial agent for the relief of the intestinal disorders so prevalent during the summer months. Its extensive use by the medical profession of this country and of Europe has shown its great utility in the treatment of the various forms of diarrhœa, dysentery, intestinal colic, etc. The formula is an improvement upon the proprietary preparation known as chlorodyne, and possesses all the medicinal efficacy of that well-known nostrum, while it is devoid of its objectionable features.

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pains. Five years ago such an attack had been stopped by large doses of quinine. Another attack, which had continued with little interruption for six months, finally yielded to morphia and iron. A month ago the patient was again attacked by her old enemy. None of the remedies formerly applied seemed to do any good. S. then employed as an experiment salicylate of cocaine. Two-thirds of a grain were injected hypodermically into the right cheek. A minute or two later the pain ceased, and did not return. The injection itself was painless, and produced no irritation.

A week ago Engel had a similar case. The patient, a young man, presented himself at the clinic of Prof. Engel in Medico-Chirurgical College. He suffered excruciating pains, and near the left ala nasi was a very tender spot. Thirty minims of a two per cent. solution of muriate of cocaine were injected into the skin near the point doulou-reux. Scarcely a minute later the pain had ceased. The remedy surely merits a more extensive trial.—*Med. and Surg. Reporter.*

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## *AURAL VICARIOUS MENSTRUATION.*

Dr. W. Thomas records a peculiar case in which the usual menstrual flow was replaced by sero-sanguineous discharge from the ear. The patient first came under observation when sufering from injuries incurred during a drunken row, and it was supposed at first that she had sustained a fracture at the base of the skull. On careful investigation it was learned that menstruation had been regular up to the age of twenty-five. when in a drunken quarrel she received a kick on the side of the head from her husband's heavy boot. The red discharge from the ear appeared then for the first time; symptoms of cerebral disturbance then set in, and she was confined in a lunatic asylum for some months. After that injury her menstruation was never regular, but occurred at intervals of six or twelve months. The flow was scanty, and there was no discharge from the ear coincident with that from the uterus. Except when the natural flow occurred there was regularly every three or four weeks a sero-sanguineous discharge from the ear.—*Australian Med. Journal.—The Analectic.*

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## *EXTRACT OF PINUS CANADENSIS FOR PILES.*

Dr. C. H. Davis, of Funkhannock, Pa. writing in praise of this form of treatment for a most unpleasant condition, says: "I can speak positively of the great value of Kennedy's Ext. Pinus

Canadensis. I have been treating a case of protruding piles of twenty years standing, making life almost intolerable at times. They had been treated for years with only palliative results. About a year ago an operation was submitted to, since which time the tumors have remained smaller and less sensitive, but a new trouble soon set in, namely, itching to a terrible extent, which nothing seemed to relieve until I tried the Ext. Canadensis —two parts to one of glycerin—two or three applications of which relieved the itching entirely, and the disease is being rapidly benefitted in every way. Have used it only once a day after each evacuation. I find it an excellent remedy in leucorrhœa also."—*Virginia Medical Monthly.*

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## *COCAINE IN THE AVULSION OF INGROWING TOE-NAIL.*

Dr. F. Peyre Porcher thus writes in the *Medical News,* July 11:

A lady came to me after undergoing very great suffering all winter from the ingrowing of both toe-nails. She had been incapacitated for taking exercise; there was loss of sleep, and her health was being undermined.

As it was a condition precedent that there was to be *no pain,* chloroform was promised if required, and I proceeded as follows:

A four per cent. solution of hydrochlorate of cocaine was instilled, drop by drop, from the point of a hypodermic needle upon the slightly raw surfaces in the furrows on each side of the ingrowing nail of the big toe. A rag, wet with the same, was kept pressed against the upper surface of the toe, and three injections of this strength were made hypodermatically in the flesh at the base of the nail, just above the matrix. The tissues here being thin, and not very cellular in structure, probably ten to fifteen drops may have been received and absorbed.

After the lapse of fifteen minutes, the narrow blade of a fine-pointed pair of scissors was passed under the nail, which was divided to the matrix, when the two portions of nail were forcibly extracted with strong forceps, and any shreds of nail remaining at the roots were cleared out.

Having remarked that the operation was finished, the lady, who had not winced, expressed great surprise. After three days she was well enough, wearing a light slipper, to visit friends some miles in the country, and three days later returned to her home in one of the upper counties.

I had witnessed a similar operation performed by a gentleman in this city, which was successful.—*Med. and Surg. Reporter.*

## *UTERINE REFLEX.*

James H. Aveling, M. D., Senior Physician to the Chelsea Hospital for Women, writes: The patient whose case is here briefly narrated is is a married lady aged thirty-eight, with a family. She is very intelligent, and has no history of hysteria or other nervous disorders. In October, 1884, one of her children struck her left eye with the back of his head. Six weeks after she felt something wrong with the eye. She also had noises in the ears, and tenderness of the nose, and pain at the back of the head when she stooped or had the bowels moved. Her speech was also affected. She hesitated and stammered when she spoke. These symptoms lasted and gradually got worse from December, 1884, to March, 1885, when she had three blisters on the back of her neck. The pain in the head now became constant, and caused sickness. During these three months the patient, besides her own medical man, had the advantage of receiving the advice of the following eminent members of our profession: Mr. McHardy, Mr. Couper, Mr. Hulke, Dr. Morel Mackenzie, Mr. Power, Mr. Cumberbatch, and Dr. Ferrier.

On March 22d the patient spoke to her medical attendant, Mr. Robert Matthews, of other symptoms which she had felt for a long time, but which she had not mentioned because she thought they could not have anything to do with her head troubles. She then described herself as having a constant feeling of weight in the pelvis, as if something were coming down, and that she could only pass a small quantity of water at a time with great effort. This statvment induced Mr. Matthews to make an examination, when he found "extreme anteversion of the uterus, with a full bladder, the fundus of the uterus resting on, and making as it were a bed for itself in the bladder." He replaced the uterus, emptied the bladder, and, to his surprise, all the head symptoms disappeared. The relief, however, was only temporary, for the symptoms returned when the uterus fell forward into its abnormal position, At the suggestion of her husband, she tried the plan of lying with her hips raised on a high pillow, and when in this posture the head symptoms were relieved.

In April Mr. Matthews asked me to see the case, with the view of mechanically rectifying the position of the uterus. I found laceration of the perineum and os-uteri, the latter being sufficiently patulous to admit the tip of the index finger. The uterus was large and congested, low down in the pelvis, and acutely anteverted, its fundus pressing on the neck of the bladder.

April 20th.—The patient having come to London I replaced the uterus and retained it in position by one of Dr. Graily Hewitt's cradle pessaries. When I visited her the next day I found all the head symptoms gone. Eye, ear, nose, and head were perfectly well and the speech free from hesitation or stammering. The only trouble left was the vesical, and this was due to the pessary which did not quite fit. After trying one of Thomas's anteversion pessaries without success, I introduced a smaller cradle pessary, and no further trouble with the bladder has been experienced.

The patient returned home, and on June 3d I heard from her. She wrote: "I am quite comfortable and perfectly free from any kind of pain."—*London Lancet.—Med. Analectic.*

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## *CAN A CHILD HAVE LIVED IF THE LUNGS DO NOT CONTAIN AIR?*

This interesting question, which, when affirmed, may greatly increase the number of convictiens of infanticides, is debated at considerable length by Dr. Ullmann, in the *Vereinsbl. der Pfalz*, Aerzte 2, 1885:

In February, 1883, in Homburg, an illegitimate child was born in a bucket filled with refuse water, and remained in it for two hours without anybody coming to its aid.

The post-mortem examination proved that the fifty cm. long and 3,400 grm. weighing child had been born at full term and been capable of existence. The hair was dense, three cm. long, and nails and cartilages were fully developed.

Areolar tissue was injected with blood, the main veins of the neck were filled with blood, and in the left auricle about thirty grm. of dark blood were found.

Both lungs completely free from air, sank in water. In the buccal cavity, the pharynx, the larynx, in the bronchi, up to their smallest ramifications, even to the very surface of the lungs, there were met with grayish, blackish ash-and-coal particles of the same kind as those present in the refuse water, into which the child had dropped immediately on being born; and in the stomach the same particles were found.

From these phenomena, Dr. Ullmann concluded that notwithstanding the absence of air in the lungs, the child lived after birth, as the particles mentioned could have penetrated as far as they did only by aid of a vigorous inspiration and swallowing. Otherwise, they might have been found in the mouth, the pharynx, and even the trachea, but they could never have extended into the finest branches of the bronchi.

In recent days, especially in Prussia, swinging is greatly practiced in the cases of stillborn children, the swinging motions, first recommended by Schulze, taking the place of artificial respiration. Dr. Runge draws our attention to the fact that this swinging, even if not successful as concerns the revival of the child, always has this result, that air enters the lungs. In all such cases the lung-test, therefore, would not be an available proof before court. Suppose a mother is charged with having killed her new-born, and the lung test, proving the presence of air is looked upon as direct evidence of the child's having breathed, and been, therefore, born alive. If the nurse or the midwife had practiced swinging, the lung-test would not be admissable for the reasons above mentioned. Still physicians ought to be careful, and not propagate this knowledge, as it may be made use of for criminal purposes.—*Med. and Surg. Reporter.*

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## *HYSTERICAL SUPPRESSION OF URINE.*

A PECULIAR case has been communicated by Dr. T. J. Gribling, of Waalwijk, to the Netherlands Medical Society, where there was profuse perspiration, accompanied with partial, and for a time, with complete suppression of urine. The patient was a girl of nervous constitution, who was, however, in good health till she was about twelve, when she somewhat suddenly complained of extreme fatigue and want of power in the legs. She then began to suffer from violent headache of the left frontal region, which, though persistent, always became especially violent at noon. In the evening, when it abated, profuse general perspiration came on. When the writer first saw the child, this had been going on for some months. There were converging strabismus, and quick respiration and pulse; the temperature was normal, and no organic disease could be detected. The legs were quite powerless, but gave normal electric and reflex reactions. She had not at that time menstruated. The bowels acted very rarely, and the quantity of urine was very scanty. The food taken was very small in quantity; nevertheless, the girl's weight did not materially decrease. This state of things continued for a year, uninfluenced by arsenic, atropine, and numbers of other remedies which were tried. The suppression of urine then became absolute, and the perspiration still more profuse. The author was careful to remark in the patient's hearing that, when the urine returned, the perspiration would be diminished. In about five weeks' time menstruation occurred, and a quanity of

urine was passed. On this, the girl said to her mother: "Now the sweating will cease;" and, in fact, it did so, and did not return. The urine continues to be passed in satisfactory quantity, but there is still headache and want of power in the legs.—*Brit. Med. Jour.—Med. Analectic.*

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## *THE DIAGNOSIS BETWEEN INDURATED CHANCRE AND HERPES.*

It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. M. Leloir, however, calls attention (*Jour. de Connaiss. Med.*, April 2, 1885,) to the fact that when a herpetic ulcer is pressed between the fingers, a drop of serous fluid is squeezed out. This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.—*Med. and Surg. Reporter.*

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## *IMPORTANCE OF INQUIRING INTO THE CONDITION OF THE BLADDER.*

Mr. Lund, Professor of Surgery in the Victoria University, in lecturing, spoke of some genito-urinary troubles. Referring to a topic which cannot be too often brought before practitioners, viz., retention of urine, Mr. Lund mentioned three striking cases. One was that of a young lady in whose case he was called in consultation to perform paracentesis; retention of urine was found. Another was that of an elderly man, with what was supposed to be a pelvic tumor pressing on the rectum, and causing tenesmus and difficulty in defecation. A quart of urine was drawn off, and the urgent symptoms soon disappeared. Another case was that of an elderly gentleman, who was suddenly seized with giddiness and rigors while at work in his office. Profuse perspiration came on. He went to bed and

vomited. The abdomen was distended, and hernia was suspected. Mr. Lcnd catheterized and removed five pints of urine. Mr. Lund's second case reminded me of one recorded in Dr. Matthews Duncan's "Clinical Lectures." Dr. Duncan was sent for to pay a "satisfaction" visit to a patient said to be dying with malignant disease of the rectum. He was told that the growth could be felt in the iliac region, so far had it advanced. On examination the case was found to be one of enormous fecal accumulation in the bowel. On "digging" this out the symptoms disappeared.

When puncture of the bladder is required, Mr. Lund prefers the suprapubic method. "It is," he says, "cleaner, and an instrument can more easily be retained."

In infants, circumcision should always be performed, he thinks, when prepuce "ballons out" during micturition. Otherwise the straining tends to cause inguinal hernia. When a hernia is produced Mr. Lund prefers the "worsted truss."

A case of vesical calculus was described in which the symptoms of stone were masked by enlargement of the prostate. The stone was kept from pressure on the collapse of the bladder, and perhaps kept in one place by its shape, it having become moulded to the neck of the bladder above the base of the prostate. Another case was mentioned in which the converse occurred, viz., a stricture far back in the membraneous urethra caused such dilatation of the prostatic portion as to set up symptoms of calculus, which subsided on division of the strictute. An interesting case was referred to by the lecturer, in which a "click" was heard on introducing a metallic catheter into a woman's bladder, after a sound had failed in producing any. It was afterward found that this only occurred when the stream of urine was stopped by placing the finger on the mouth of the catheter. The bladder possessed great expulsive power, and while the urine flowed freely there was no sound.—(London Letter.)—*N. Y. Med. Record.*

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## *IRREGULAR SEXUAL DEVELOPMENT.*

Two recent studies in our German Exchanges give much food for reflection to the physiologist and the social philosopher.

One of these is by Dr. Geigel, and has for title, "The Variability in the Development of the Sexual Organs in the Human Species." The other is an opinion by Dr. Scholtz, of Breman, in the case of a middle-aged man, who had long been subject to abnormal sexual desires.

Dr. Geigel has once more subjected the growth of the fœtus in

utero to a careful study, with the view of ascertaining what it is that decides on the sexuality of the child. His results are in certain respects negative. His conclusion is that there is no room for a simply mechanical explanation of the fact of sex. He says: "We must content ourselves with saying that in every embryo there is an inherent tendency, the plus or minus of which decides its sexual evolution."

But there is one new fact which he brings out strongly, and that is the slow and imperfect manner in which in some cases both the sexual organs and their correlated sentiments are developed, not only in the fœtus, but in after life. "The whole term of life," he remarks, "is often insufficient to develop the sexual contrasts which theory demands." Some men remain largely women, some women largely men, their whole life through. There is an emotional and intellectual hermaphroditism where there is no physical one.

At this point we may turn to Dr. Scholtz. In his specialty of jurisprudence he explains the perversity of the sexual instincts in certain cases by this undeveloped sexuality. "My observations have convinced me," he writes, "that in such cases the crime of pederasty is not merely a disgusting habit, or the refinement of debauches, but a congenital abnormality of the sexual instinct; an abnormality which very often is revealed in a general physical condition approaching that of the female type."

Such cases he would consider as of inborn mental alienation, and thinks their proper place is in the wards of a hospital, or under medical surveilance, rather than in the criminal dock.

Doubtless, their scientific aspect is such as he describes. But the social economist may well inquire whether a criminal punishment even in such cases is not better, as the fear of it will serve to stimulate the weak will-power of the feeble-minded, and will also be more of a terror to the deliberately perverse. For ourselves, we think it would be better, here as elsewhere, to punish the insane than to afford the sane an excuse to escape the proper chastisement for their crimes.—*Med. and Surg. Reporter.*

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## *PROLAPSUS OF THE VAGINA PRECEDING LABOR.*

O. O. Simpson, Logansville, Ga., writes: On the 21st of November last, I was called to see a colored woman, aged thirty-five, who had been in labor for fifteen hours. She had been attended during the entire time by a midwife.

On my arrival the midwife informed me that there was

"something wrong." She stated that the patient had not urinated for ten hours, and that she thought the after-birth was trying to come away first.

On examination I found a large tumor presenting at the orifice of the vagina, extending about three inches beyond the labia. This tumor proved to be the prolapsed vagina. The midwife informed me that during the pains the tumor would project five or six inches. After satisfying myself of the nature of the case, I placed the woman in the knee-chest position and replaced the prolapsed vagina. I could then, without difficulty, pass my finger up to the os, which I found dilated very little. The woman was very much exhausted. I placed her in the left lateral position, with her hips slightly elevated, and gave her one-fifth grain of morphia hypodermically. She soon fell asleep and rested for nine hours, when she was aroused by the return of the labor pains. She was kept in the position in which she had been placed until the uterus was well dilated, when she was allowed to turn on her back, and was soon delivered of a fine, healthy child.

This case, to my mind, ahows clearly the value of morphia hypodermically in protracted cases of labor.—*Atlanta Med. and Surg. Jour.—Med. Analectic.*

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## *NEURALGIA OF RHEUMATIC ORIGIN.*

J. F. Stevens, M. D., of Shabbona, Ill., states: "Tongaline is a valuable remedy, and while of service in all forms of neuralgia, its best effects are seen in treating neuralgias of rheumatic origin. I have not met a single case of this ordinarily troublesome disease which did not get speedy relief, when full doses of Tongaline were used. I can recommend it as a prescription which will yield positive results."

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## *THE CURE FOR TONSILLITIS.*

Gargles, inhalations, mixtures taken internally, and bleeding have all been tried, with various success, in attempts to alleviate or cure this disease. Aconite and belladonna have been used, with various success, in the attempt to cut short the attack. Only comparatively recently the valuable properties of bicarbonate of sodium were referred to in this journal in the treatment of tonsillitis, and in the *Australasion Gazette* for May 15, 1885, Mr. T. M. Kendall states that he has been using this drug in this affection for the last four years, and, as yet, it has never failed to produce a good result. The remedy was introduced to

the profession by M. Gine, of France. He claimed that by the use of the drug he was able to cut short an attack of tonsillitis twenty-four hours after the application of the powdered salt to the tonsil. Such a rapid cure has, however, never occurred in Mr. Kendall's practice, but he has had very good results in thirty-six and forty-eight hours, although in elderly people the attack has lasted five or six days. The drug is well worthy the attention of the profession on account of the absence of harmful properties, and is, without dnubt, also useful in cases of an inflammatory sort, either due to the influences of cold or to an exhausted nervous system.—*Therapeutic Gazette.*

## *A MUSTARD SPONGE.*

In referring to sponge as a carrier of poultices, Dr. Richardson considers that it makes the best of mustard carriers. Mix the mustard in a basin with water until the mass is smooth and of even consistency. Then take the soft mass all up with a clean sponge, lay the sponge in the centre of a white handkerchief, tie up the corners neatly, and apply the smooth, convex surface to the skin. This mustard sponge, warmed again by the fire and slightly moistened, can be applied three or four times, is good for several hours, and saves the trouble of making a new poultice during the weariness of night watching. The sponge can afterwards easily be washed clean in warm water.—*Journal of American Medical Association.*

## *THE INFLUENCE OF CIMICIFUGA RACEMOSA UPON PARTURITION.*

At a recent meeting of the Chicago Gynecological Society, Dr. J. Suydam Knox read a paper in which, from his clinical observations, he drew the following conclusions: 1. Cimicifuga has a positive sedative effect upon the parturient woman quieting reflex irritability; nausea, pruritus, and insomnia so common in the last six weeks of pregnancy, are always rendered less distressing, and often disappear under its administration. 2. Cimicifuga has a positive antispasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact, during the first indiscriminative use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth. 3. Cimicifuga relaxes uterine muscular fibre, and the soft parts

of the parturient canal, by controlling muscular irritability, thus facilitating labor, and diminishing risk of laceration. 4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor. 5. It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery. It is my habit, however, to administer from fifteen to thirty minims of the fluid extract of ergot after the birth of the fœtal head, and I have had but few opportunities of testing this effect of the cohosh. My method of administration has been to give fifteen minims of the fluid extract of cimicifuga in compound syrup of sarsaparilla each night for four weeks before the expected confinement. One fluid ounce of the fluid extract of cimicifuga to three fluid ounces of compound syrup of sarsaparilla—dose, one teaspoonful—makes just the required quantity.—*Medical Record.*

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## *INCISIONS IN WHITLOW.*

At a recent meeting of the Hamilton Medical and Surgical Society, Dr. R. R. Wallace (*Canada Lancet*, August, 1885) read a paper on "Incisions in Whitlow." Authorities were quoted to show the site of incision preferred. Erichsen recommended an incision on each side of the finger, while Fairlie Clark advocated incision on one side; others preferred the median palmar; Keetley advised two palmar incisions. The essayest thought that incision in the median line, over the ungual phalanx, would be likely to divide the digital arteries, as they there cross to form an arch, while the great argument in favor of the median incision had always been that it avoided such accident. He believed that in whitlow confined to the ungual phalanx, incision along the side, carried to the bone if necessary, is the best one to practice, for it affords exit to all pus and sloughs, and effectually relieves tension, thus removing the great cause of the agonizing pain, and avoiding at the same time a cicatrix on the most exposed portion of the finger, where it impairs more or less the tactile sense. If the incision on one side was not sufficient, the double one should be practised. When the disease had extended up the finger, and involved the sheath of the tendons, he thought there was no choice but to open the sheath, and give exit to the pus, and this he considered was best done in the median line on the palmar aspect. With regard to the question of one long incision or separate ones between the joints, he thought that the arguments in favor of separate ones were very strong, as there is less liability of causing strangulation over the shafts of the phalanges, and the tendons were not so much exposed or injured by the smaller incisions,

and the liability of sloughing lessened. In the discussion which followed, Dr. Malloch expressed his surprise at the advocacy of the lateral incision. He said that Ashhurst recommended it because it avoided sloughing, but he himself had never seen it result from the median when incision was made early enough; the only difficulty was in keeping the incisions open, it being necessary to use the probe night and morning. The lateral incision, he thought, would go indirectly to the matter; there was no danger in wounding the arteries and nerves, as they would heal readily enough. Other members who spoke all favored the median incision, and a good free one.—*Therapeutic Gazette.*

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## *HOUSEMAID'S KNEE—RECOVERY WITHOUT REMOVAL OF THE SAC.*

Dr. Charles H. Carter, of Chicago, Ill., relates the case of a plasterer, aged thirty-four, who had received a fall three weeks before coming under observation, striking his knee against the edge of a board. No pain was felt until about a week after the injury had been received, at which time also a swelling was noticed. This tumor increased in size until it covered the lower two-thirds of the anterior surface of the patella, and was found to contain pus. There being no time for temporizing, Dr. Carter proceeded to operate as follows: "With a bistoury I made an incision from above downward on the external side of the swelling, carrying it, with the aid of a grooved director, to the extreme lower limit of the cyst, so as to avoid leaving a 'pocket,' and to facilitate complete evacuation. The incision was made on one side, and from above downward, rather than from side to side, to prevent any gaping of the wound when the knee was flexed.

"After thoroughly emptying the sac by gentle pressure and gravity, I washed out the cavity with a two per cent. solution of carbolic acid in hot water, continuing until the water returned perfectly clear and unstained by either blood or pus. The time consumed by this part of the operation was probably ten minutes. I used hot water because that was more certain to dislodge any portion of pus which might, by its greater consistence, be retained around the edge of the sac, where the wall are reflected on the surface of the patella.

"Gently pressing out the water, but not taking any pains to thoroughly empty the sac, I carefully brought together the edges of the wound and hermetically sealed it with strips of silk isinglass-plaster, moistened with a ten per cent. solution of

carbolic acid. Then, with the leg extended, I applied strips of mole-skin plaster to whole knee joint. I used strips about half an inch wide, and long enough to go about three-fourths around the joint, leaving the posterior surface uncovered.

"Commencing above the patella, I applied the first strip, drawing the ends strongly downward. The second slightly overlapped the first in front, but nearly covered the ends of it on the sides. The straping was continued in this manner so that the strips firmly compressed every portion of the emptied sac, keeping the walls accurately in contact. The patient did not experience the least pain or discomfort in the part after the dressing was applied.

"Using no further means, except complete rest and low diet, I removed the dressing on May 5th, four and one-half days after the operation, and found the sac perfectly closed and not a drop of liquid to be felt in it.

"After remaining in-doors two days longer, the man went to his work, and had no sign, as yet (June 30th), of a return of his 'housemaid's knee.'"—*Medical Record.*

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## *A PREDICTION WHICH HAS BEEN AMPLY FULFILLED.*

The following article written fourteen years ago by the late J. Marion Sims, M. D., is worthy of more than a passing notice. The remedy has, as he predicted, become well nigh indispensable as an application in the treatment of affections of mucous surfaces, especially those of the respiratory tract or the reproductive system:

For many years Mr. Kennedy was engaged in making Hemlock Extract for tanner's use, which he shipped in large quantities to various parts of the country. The workmen engaged in manufacturing this impure commercial extract, accidently discovered that it was a valuable application in cuts and bruises, and in some cutaneous diseases, and also that it was a valuable remedy in diarrhœa and dysentery. One of the workmen who had experienced the benefits of this crude article in a case of diarrhœa, concluded to try it locally for hæmorrhoids, a disease from which he had suffered for ten or twelve years. In five or six days he found himself greatly relieved, and in three months he was wholly cured.

All these facts fell under the personal observation of Mr. Kennedy, and he became so fully convinced of the value of the Hemlock Extract as a remedial agent that he determined to

make an article medicinally pure, which he has for some time placed on the market. His method and care in making this new remedy gives us an article of uniform strength and purity. He extracts the virtues of the bark by pure distilled water; the temperature of which is never allowed to exceed 150 degrees F. The infusion thus made is then evaporated, *in vacuo* from about twenty degrees (by what the tanners call the Barkometer) to 250 degrees, which makes a constant and uniform Fluid Extract, without the addition of acid or alcohol, and which does not ferment in any climate or under any extreme of temperature.

I have had considerable experience with this new Extract of Pinus Canadensis, and I am so well satisfied of its value that I am anxious to call the attention of the profession to it. I have used it for about eight months in some affections of the rectum, vagina, and cervix uteri; I have used it, considerably diluted, as a vaginal wash with great success; but I prefer to apply it to the os tincæ on cotton wool, either pure or mixed with glycerine or glycerine and rose-water. Thus applied, it should remain intact for two or three, or even four days, and then be renewed. In this way I have seen chronic granular vaginitis remedied in a few days, that had resisted the ordinary remedies for weeks; and I have seen granular erosions, with leucorrhœa, disappear very rapidly under its use. I have not time to do more than call the attention of my professional brethren to this new extract, which I am sure will soon be recognized as a valuable addition to our Materia Medica.

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## *VALUE OF FOOD PRODUCTS.*

"Dr. Stutzer, of Bonn, medical superintendent of the laboratory of Rhenish Prussia, has been for some years making an interesting series of tests of the physiologically important constituents, illustrating the comparative nutritive value of meat preparations introduced into Germany for the use of children and invalids. He has estimated the organic ingredients, the mineral ingredients, and the water, and has aimed at determining what proportion of the nitrogen is to be credited to the easily digested albumens and to peptones, which he estimates in the usual way by multiplying by 6.25 (assuming that these constituent principles contained an average of 16 per cent. of nitrogen), and thus he arrives at the quantity of albumen and peptones. He estimates also how much of the albumenous principles can be digested, and the quantity of nitrogen present in the form of stimulating meat-bases, creatine, carnine, etc., which have a high importance as provocative of appetite, and as stimulants to

the nervous system. The table of his chemical results is very remarkable, and it confirms in a high degree the recent decision of the International Jury of the Health Exhibition, which has awarded a gold medal to Reed & Carnrick, for Beef Peptonoids, which was tested along with numerous competitors, and thus received a high testimony to its special merits as a digestive and nutritive element in the food of invalids and children, and all of who require the essential elements of meat in a highly digestible form."—*Editorial from British Medical Journal.*

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## *HOW TO CARRY, UNAIDED, AN INSENSIBLE MAN.*

This question is asked by a correspondent in one of our English contemporaries. It is easy to see of what practical use the solution of such a problem would be before actually confronted with it, in battle, at a fire, in many places of danger, an individual becomes insensible, and must be immediately taken from the spot.

The London Fire Brigade teach their firemen how to do this. In a reply to the correspondent, the following description is given :

"A small platform, some forty or fifty feet high, has been erected, on the roof of one of the buildings in the drill-yard. One-half of the men who are drilling go up to this platform and prostrate themselves in all kinds of peculiar attitudes, some on their backs, some on their sides, and some curled up. The other half have to go up and fetch them down single-handed. The rescuing fireman first straightens out the seemingly lifeless body of his comrade, and rolls it over onto the face. Then taking hold under each armpit, he raises the body onto his right knee, so that he can put the arm of the insensible man round his own neck. Taking a firm hold, he suddenly straightens himself up, and walks away with his burden in an upright position, and the whole weight of the other's body supported and hooked, as it were, by the arm. He has then to carry his comrade through the window as best he can, and shoot him down the escape."

Several other methods are described for the benfit of the inquiring correspondent. One is to carry the patient "pick-apack." Another is to get him in a sitting posture, and for the rescuer to sit back to back with him, and hook his arms into the patient's arms, and gradually raise himself and his load to the upright position. Still another method is described, that of taking the patient astride the shoulders, the legs having been rst strapped together below the knees.—*Med. Record.*

## *THE EXTERNAL TREATMENT OF NIGHT-SWEATS.*

Nicolai (*Gazette Medicale de Paris*, June 6, 1885) has obtained very good results in the case of night-sweats of phthisical patients, and others, by the employment of 8 grammes of chloral dissolved in two tumblerfuls of a mixture of equal parts of brandy and water. Every evening before going to sleep the patients are washed off with a sponge soaked with this solution, and if that does not serve to control the sweating, the shirt in which the patient sleeps is soaked with the same solution and then dried. The effect of this treatment is claimed to be especially satisfactory in cases of children, not suffering from phthisis, in whom night-sweats are present. Sometimes four rubbings with this solution are sufficient to entirely arrest the night-sweats for several weeks.

The tincture of belladonna is also highly recommended by Radakow for the suppression of the night-sweats of phthisis by external friction with a mixture of 4 grammes of the tincture of belladonna with 30 grammes of water, the friction to be made about two hours before the ordinary onset of the sweating. The fluid is to be poured into the palm of the hand and then rubbed over the entire body, with the exception of the head and the extremities, and the manipulation may be continued until the skin becomes quite moist. This treatment has been employed by Radakow in fifty cases, and he claims that it has not failed in a single instance, although sometimes localized sweatings appeared on the parts which had not been bathed with the tincture of belladonna.—*Therapeutic Gazette.*

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## *STARVATION AND SUSPENDED ANIMATION.*

Dr. Edward Berdoe reports the following case in the *Lancet*, June 23: He was called, on April 29, 1885, to see a man named Samuel B——, aged seventy-four. He found him lying on the floor insensible and dying. His wife sat near him, and on being questioned admitted that he had been lying in the same position for six days without food, drink, or any attention whatever. On raising him to place him on the bed, part of the flesh of his face adhered to the floor and was torn off. The exact form of the patient was marked on the floor by the exudation from the skin. He was in a most filthy state, and though unable to swallow even liquids, lived about fourteen hours after the first visit. By the coroner's order a post-mortem was made. The body was fearfully emaciated, and all the parts

Size of Hydroleine bottle increased one-half. Now 12 oz. instead of 8 oz. bottle.

FOR

CONSUMPTION

AND

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# HYDROLEINE

*(HYDRATED OIL.)*

PRODUCES IMMEDIATE INCREASE IN FLESH AND WEIGHT.

## FORMULA.

Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

| | |
|---|---|
| Pure Cod Liver Oil | 80 m. (drops) |
| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
| Boric Acid | ¼ " |
| Hyocholic Acid | 1/10 " |

**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

**Hydroleine** (Hydrated Oil) is not a simple alkaline emulsion of oleum morrhua, but a hydro-pancreated preparation containing acids and a modicum of soda. Pancreatin is the digestive principle of fatty foods, and, in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

Lautenbach's researches on the function of the liver would show the beautiful adjustment of therapeutics in preparation of Hydroleine, furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Each bottle in nutritive value exceeds ten times the same bulk of cod liver oil. It is economical in use and certain in result.

**Sold at all Drug Stores at $1.00 per Bottle.**

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. BARTLETT, Ph. D., F. C. S., and the experiments which were made, together with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a Treatise on "Consumption and Wasting Diseases," by G. OVEREND DREWRY, M. D.

**Copies of these Works sent Free on Application.**

*Wm. F. Kidder & Co.,*

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**83 John Street, New York.**

# IMPORTANT!

## *GREEN DRUG*

# FLUID EXTRACTS,

## OR NORMAL TINCTURES.

## THE PERFECTION OF PHARMACEUTICAL SKILL.

The Fluid Extracts of THE WM. S. MERRELL CHEMICAL Co. may be properly termed positive Medicinal Agents. Positive, not because they will invariably cure disease, but because their action is uniform and certain. The Ovoid Sugar Coated Pill of THE WM. S. MERRELL CHEMICAL Co. challenge comparison as to solubility, purity of Ingredients and coating, and beauty of finish.

## Fluid Hydrastis.

NON-ALCOHOLIC. NON-RESINOUS.
BLAND AND UNIRRITATING.

An accurate and definite solution of the THREE alkaloids of Golden Seal Root, upon which depend the medicinal value of the drug, viz.:

BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others: but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | |
|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. to 1 oz. |
| " " " Hot Water, | - - - - - | 12 " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. } Make one pill.
Podophyllin, - - - - - - - 1.20 gr. }

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

GREEN ROOT ONLY USED. A SPECIALTY WITH US SINCE ITS FIRST INTRODUCTION IN 1852. This remedy, carefully studied in the light of modern scientific methods, and subjected to the strictest physiological tests, will command recognition as one of the most valuable agents known in the Materia Medica. Send for circular giving "SPECIAL THERAPEUTICS."

## Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

☞PLEASE READ—"GREEN DRUG FLUID EXTRACTS," 12 pages. A monograph—just issued. "FLUID HYDRASTIS." Indications for use, and other interesting matter relating to the productions of the "Merrell Laboratory," at Cincinnati, Ohio. REPRESENTED IN BOSTON BY

**B. O. & C. C. WILSON, 28 Merchants Row, Boston, Mass.**

that had been in contact with the floor were gangrenous. The organs presented the usual appearances of death from starvation, but the medical interest of the case was found in the condition of the heart. This was enormously hypertrophied and dilated; all the vessels were atheromatous, and there was a large aneurism of the arch of the aorta. The cardiac condition seemed to satisfactorily clear up some of the difficulties of the case. From the evidence at the inquest it is probable that the wife's statement was correct, that he had fallen down "in a fainting fit" six days previous to the visit, and had not moved or spoken since. The heart presumably beat with just sufficient force to keep the respiratory organs going; this was, of course, favored by the recumbent position. The case is interesting from a medico-legal point of view, as showing how long a person may live in a state of syncope.—*Med. and Surg. Reporter.*

## *HORSFORD'S ACID PHOSPHATE.*

The Rumford Chemical Works, Providence, R. I., manufacturers of Prof. Horsford's Acid Phosphate, have recently purchased a commodius building and warehouse near their present location, where they propose to move their business a few months hence. This purchase has been necessitated by the demands of their large and increasing business, and it is pleasant to record such an evidence of well deserved success and prosperity.

## *STAMMERING AND STUTTERING.*

Alex. J. D. D'Orsey writes to the *British Medical Journal*, June 27, 1885, that as much misapprehension exists concerning the above subjects, the following may be of interest: 1. Speech, or articulated voice, depends for its perfect production on vigor of mind, on sound natural organization, and on due training of the vocal and articulating apparatus. 2. Stammering is inability to articulate, marked by slowness, stoppage, hesitation, and indistinctness, but not with repitition; whereas stuttering consists in a painful repitition of the same consonants, often attended by flushing aad facial contortions. 3. Stammering and stuttering may sometimes be caused by organis defects, such as cleft palate, harelip, enlarged uvula, inflamed tonsils, etc.; but these impediments are far more frequently due to functional causes, that is, habit, imitation, heredity, etc. Nervousness is often the consequence, or concomitant of stammering, rather than its cause. Organic effects must, of course, be treated medically or surgically, but the subsequent cure belongs to the

elocutionist, while functional derangements (wrong action of the voice apparatus) are peculiarly his province. 4. The sooner the curative process begins the greater is the prospect of success. What is easily eradicated at an early age becomes hard to remove at a later period; though at any time of life, alleviation, if not cure, can be assured as the result of perseverance. "He will grow out of it," is a fatal saying. A fair time ought to be given, according to the nature of the case; "for a few lessons" cannot reasonably be expected to undo the mischief of many years; and the teacher is often accused of failure, when the blame is solely attributable to the patient or the parent. —*Medical Record.*

## *THE USES OF COCAINE.*

Decidedly there is a future for cocaine. It is destined to have a permanent place in medicine, surgery, and dentistry. The scope of its uses is not yet defined, but it is safe to say that its applications are widening as experiments with it are extended.

We have been especially impressed with this fact in looking over the literature of the subject recently issued by the house of Parke, Davis & Co., Detroit. They have published several most interesting pamphlets. One is entitled "Cocaine in Dental Surgery," another is a working bulletin on the drug containing a variety of original material, and a third a well composed collation of what has been reported about it in home and foreign medical literature. These pamphlets will be sent without charge by the house to any one mentioning the name of this journal, and they are worth reading by all.

The same firm has devised a very handy and ingenious "cocaine case," which they sell at a moderate price, and which impresses us as the best of the kind we have seen.—*Med. and Surg. Reporter.*

## *SCUTELLARIA LATERIFLORA IN THE TREATMENT OF ENURESIS.*

Dr. A. H. Wimermark, of Cambridge, Ill., writes in *Medical Record*: "Having read the excellent article on enuresis, by Dr. Stein, and the remarks of Dr. Willeford upon its treatment by rhus aromatica, I wish to contribute from my store of experience in the treatment of the same difficulty. Some two years ago I was advised by an old practitioner to use fluid extract of skullcap in a case in my own family, and the result was most gratifying. I have since employed it in several cases

dependent upon nervous conditions only, and must say that results obtained have always been most satisfactory. A lad, twelve years of age, who would urinate from three to six times every night during his sleep, and had done so for several years, received 3 j. t. i. d. for two weeks, and was speedily and permanently cured. All the cases occurred in children."

Dr. Wimermark advises a trial, at least, of scutellaria when other remedies have failed. He disclaims any credit for originality in the use of the drug, as he says that it was recommended to him by another.

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## *ANOTHER WAY TO TAKE A PILL.*

I HAVE just read in your issue of July 25, "How to Take a Pill," by Dr. Asthalter.

Now if the pills are sugar-coated, his method does very well; but if they are not, the patient will generally get the bad taste of the pill, and this is really the most serious objection to pills. You know that in the vast majority of cases the pills *are not* coated. When a physician orders medicine in pills, the apothecary does not sugar-coat them.

I will describe to you a method that I have been using, which I discovered last year, which carries the pill down without the patient feeling its presence in the mouth or throat, and *never permits the pill to be tasted*, when it is not coated.

Take a swallow of water, and hold the head back, so that the water will be in the back of the mouth. Do not swallow the water until the pill has been dropped on its surface. Take the pill between finger and thumb (still holding head back) and carry it well back, without touching the inside of the mouth with it; then drop in on the water and swallow. The head will come forward, and the water opening and wetting the œsophagus takes the pill instantly to stomach. It does not "stop half-way down," and is not tasted. *Try it.*—D. BENJAMIN, M. D., in *Med. and Surg. Reporter.*

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## *THE ORANGE AS A GALACTAGOGUE.*

A CORRESPONDENT of the North Carolina Medical Journal, of April, 1885, reports an interesting case in which the secretion of milk was greatly stimulated by eating oranges. To test the effect, the fruit was omitted for a few days, when the secretion ceased. It was soon brought on, however, by a return to this fruit diet. If at any time the flow be not free, one or two oranges will increase it very abundantly in an hour or two. Previous to using the oranges the patient gave no milk, and the child was fed artificially.—*Medical Bulletin.*

## EDITORIAL.

*"In things essential, unity; in things doubtful, liberty; in all things, charity."*

### *THE SCARE ABOUT CANNED GOODS.*

Ever since there seemed a prospect that cholera might, in the course of time, visit this country, sanitarians seem to have gone mad. We have long believed that "there is poison in the cup" but now they tell us that there is also poison in the can, and horrifying stories are told of the fearful effects often induced by the use of canned goods, that being one of the latest of their vagaries. Dr. Cyrus Edson of the Brooklyn Board of Health reassures us, and we shall continue to indulge in the succulent tomato, and the canned baked beans—when we can get them. He expresses himself quite positively in a recent letter to the *Medico-Legal Journal*, to the effect that he has no reason to regard the present methods of manufacturing canned goods as involving any danger to the public health. This led to an investigation of the subject by a Committee of the Medico-Legal Society, which reported "that it was not able to summon sufficient testimony to enable it to report that the present system of canning goods is either careless, incompetent or dangerous to life."

The *Medico-Legal Journal* says, editorially, that while millions upon millions of canned goods are sold annually in this country, not a single properly authenticated case of poisoning from such articles has been detected. It is too much, perhaps, to expect that this new delusion in sanitation will be at once overcome, but we may congratulate ourselves that it has been attacked thus early in its course, and has not—like the oleomargarine delusion—yet led to arbitrary legislation.

### *A SPECIFIC (?) FOR SMALL-POX.*

Small-Pox is epidemic in Montreal and there is reason to fear that the dread scourge will cross the border and eventually reach this city. Whether it does or not, it will afford a fresh topic for our esteemed contemporaries who have expended so much profound thought, and displayed so much editorial eloquence over

the cholera scare. What a relief this will be. We have been much amused at the learned discussions of the nature, etc., of cholera, and the emphatic directions given for its prevention and cure, by men who never saw a case of cholera, or any nearer an approach to it than an old-fashioned belly-ache.

We are led to thus allude to small-pox by the following valuable contribution to its therapeutics, sent us by a correspondent, with the request that his name be withheld. We offer it for the benefit of our readers, with the simple comment that the small-pox which can be cut short in twelve hours by $\frac{1}{40}$ grain of sulphate of zinc and digitalis (or by any other means) is certainly a variety with which we are not acquainted, and is not common hereabout. After alluding to the prevalence of the disease in Montreal, and its threatened outbreak in Fall River, our correspondent continues: "I hereby append a recipe which has been used to my knowledge in hundreds of cases. It will prevent or cure the small-pox though the pittings are filling. When Jenner discovered cow-pox in England, the world of science hurled an avalanche of fame upon his head, but when the most scientific school of medicine in the world—that of Paris—published this recipe years ago as a panacea for small-pox, it passed unheeded. It is unfailing as fate, and conquers in every instance. It is harmless when taken by a well person. It will also cure scarlet fever. Here is the recipe as I have used it, and cured my children of scarlet fever; when learned physicians said the patient must die, it cured: Sulphate of zinc, one grain; fox-glove (digitalis), one grain; half a teaspoonful of sugar; mix with two tablespoonfuls of water. When thoroughly mixed add four ounces of water. Take a teaspoonful every hour. Either disease will disappear in twelve hours. For a child, smaller doses, according to age. If counties would compel their physicians to use this, there would be no need of pest-houses. If you value advice and experience, use this for that terrible disease."

## *GIVE THEM CELERY.*

It will frequently be found that patients after being long dosed with beef-tea, though well prepared, get utterly tired of it;

and even refuse it altogether. In these cases we have often found that the addition of some vegetable flavoring matter has enabled the patient to resume his food with relish. Of course we do not mean that the vegetable matter is to be swallowed bodily: but after being strained off, the broth retains its flavor. The use of burnt onions among all classes of cooks, even the highest, is well known; and though we are not prepared to advocate the general use of so robust a vegetable, there are others equally accessible and more delicate. Chief among these is celery, which, during a portion of the year, may be used bodily, and is cheap enough, but during certain seasons it cannot. For this reason we are in the way of using from time to time small quantities of celery seed, which is cheap and may be readily procured, or "celery salt," which is also inexpensive and gives a decided flavor of celery. A very small proportion of either added to the beef-tea gives it a totally different flavor from the insipid, mawkish taste it too often possesses, and we have been rewarded by seeing patients turn to their food when so seasoned with a zest they had long ceased to exhibit.

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## *BISMUTH FOR ITCHING IN SKIN DISEASES.*

The value of bismuth in alleviating the intense itching and irritation which accompanies chronic eczema and other forms of skin disease is less known than it ought to be. In some obstinate cases, in which the inflamed condition of the derma is aggravated and kept up by the constant scratching and rubbing which the patient finds it impossible not to indulge in, we have found an ointment containing bismuth in the proportion of half a drachm of the subnitrate to the ounce of simple ointment, rubbed up with a little spirits of wine, and applied freely to the skin, gives great relief. We are indebted to Dr. McCall Anderson of London, for the suggestion, and have certainly found the ointment far more efficacious as a soothing remedy than the benzoated zinc ointment more commonly used. Dr. Anderson, in recommending bismuth, directs that the ointment must not be made with benzoated lard, or the reverse of a soothing effect will be produced.

## *ANOTHER CASE OF PURE GALL.*

UNDER the title "A Case of Pure Gall," our esteemed contemporary, the *Peoria Medical Monthly*, recently called our attention to the fact that we had been imposed upon and published a paper sent as an original, which was in fact simply a copy. We investigated, and to our chagrin found the statement to be true. We are reminded of this while looking over the August number of the *Peoria Monthly* by an article entitled, "A Valuable Remedy for Headache," credited to the *Physicians and Surgeons Investigator*. By referring to the May, 1884 number of the JOURNAL, it will be seen that the Buffalo nondescript above mentioned deliberately transferred the article, *vi et armis* from our editorial pages, *but carefully neglected* to mention the source from which it was taken. We could, if desired, point out at least one other instance in which it did the same.

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## PERSONAL, THERAPEUTIC, AND OTHER NOTES.

*Professor Milton Jay* of Chicago, is recovering from a severe attack of blood poisoning, the result, we understand, of a wound received during an operation.———*Dr. Nathaniel Jewett*, of Ashburnham, Mass., received a call a few weeks since from a burglar, who secured property to the value of five hundred dollars. ———*Parke, Davis & Co.* still retain their particular place in the pharmaceutical world. They have probably done more toward introducing new remedies, many of them of the greatest value, than all other manufacturers combined. If there is a physician unacquainted with the excellent productions of this enterprising firm, it certainly must be one who never reads current medical literature. Their endeavor to place remedies on the market unprotected by trade marks should have the sympathy and aid of every right minded physician. Anyone interested in the newer remedies should send for their "Working Bulletins," which they will send free. They prepare "Normal Liquids," which we know to be every way infinitely better preparations than the ordinary fluid extracts.———*A Brazilian physician* claims that "refrigeration of the lobe of the ear" will stop hiccough whatever its cause may be. Very slight refrigeration will answer, the application of cold water or even of saliva being sufficient. ———*The latest remedy* for pruritus when seated in the anus or vulva is balsam of Peru. *The British Medical Journal* alludes to it as a triumph of medicine. Menthol applied

either in pencil or solution is also very effectual.——— *Scott & Bowne*, manufacturing chemists of New York, make a specialty of producing an emulsion of cod liver oil with hypophosphites. Their great care in selecting the oil and in making the combination is amply proven by the high therapeutical value set upon the emulsion by the profession. It is no new remedy, but has been steadily growing in demand for a number of years. In cases of scrofulous children it acts almost as a specific. They also offer a Buckthorn Cordial which is highly useful in the treatment of constipation. We can speak from experience of the merit of both preparations.———*Damon says* there is a living principle in fruit. Does he refer to worms? ———*Honey is said* to be a good vehicle for administering quinine to children. If the drug be placed in the centre of a small spoonful of honey, the strongest aversion to its taste will be overcome.———*It seems* hardly worth while to mention the old and established house of Billings, Clapp & Co., to our Massachusetts readers, as it and the former firm name, James R. Nichols & Co., must be known to every physician in the state, if not indeed in New England, and where known is taken as a synonym of pure pharmaceutical products. They prepare an Elixir of Peruvian Bark with Protoxide of Iron after the formula of Dr. Nichols, which is, as the name implies, an elegant combination of bark, and one of the very best ferruginous preparations, forming a tonic which is of the highest value wherever a tonic is indicated, but is especially suited to patients on the down grade of life, and those afflicted with any of the wasting forms of disease. The manufacturers have evidently aimed to not only make a valuable tonic, but a palatable one as well, and it is only just to say that they have fully succeeded. They also prepare Cincho-Quinine, which Dr. J. G. Johnson, of Wellfleet, of this state, well known to many of our readers as a careful observer and an excellent physician, says he has used extensively, and which he can say without hesitation has in his hands proved superior to sulphate of quinine. We can confidently recommend any goods prepared by this house.——— *Some one* has discovered that in the epidemic of cholera in France, three times as many unmarried as married men were attacked, marriage seeming to afford a certain amount of protection. The fact is expected to give a great impulse to matrimony in the event of cholera reaching this country, and some of our far seeing obstetricians have been seen to smile. ———*The following* is said to be a capital remedy for coryza; pure carbolic acid grs. 150, Aqua Ammonia ʒ iij, Alcohol ʒ j, and distilled water ʒ v. A piece of cotton saturated with the mixture is placed in a wide mouthed bottle and its vapor inhaled.

THE HIGHEST AWARD,

**GOLD MEDAL,**

Has been granted to

# Mellin's Food

FOR INFANTS AND INVALIDS,

At the World's Exposition, New Orleans,

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40, 41, 42 and 43 CENTRAL WHARF,

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A Sample of MELLIN'S FOOD, sufficient for trial, will be sent free to any Physician desiring it.

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PERFECT, PERMANENT, PALATABLE.

**THE STANDARD EMULSION OF COD LIVER OIL.**

Acknowledged by leading Physicians in the United States and other countries to be the most *elegant*, most *permanent*, and most *palatable* preparation in the market.

It is more easily administered, and can be tolerated longer by children and delicate stomachs than any other preparation.

Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

It is permanent. Hence it does not separate nor decompose like other preparations—and the dose is always the same.

The unsolicited opinions of thousands of Physicians prove it to be of very superior therapeutic value, far exceeding plain oil.

## S. & B's BUCKTHORN CORDIAL, RHAMNUS FRANGULA.

Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

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*See note page 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

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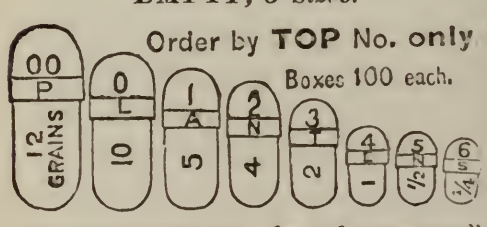
Hard and Soft Elastic { 9 Sizes: 3, 5, 10 and 15 Min., and 1, 2½, 5, 10 and 15 Gram. } All Kinds Filled.

**NEWLY IMPROVED.**

*EMPTY, 8 Sizes.*




For taking medicines free of taste, smell, injury to teeth, mouth or throat. Trial box by mail, 25c.

*EMPTY for liquids*, 5, 10 and 15 minims.

*RECTAL, 3 Sizes.* 3, 6 and 12 grain.

*VAGINAL, 4 Sizes.* 1-8, 1-4, 1-16 and 1-32 ounce

*HORSE, 5 Sizes.* 1, 2, 3, 4 and 8 drams.
For giving liquids or solids to Horses and Cattle.

*DOG WORM.* 5 Minims Oil of Male Fern.

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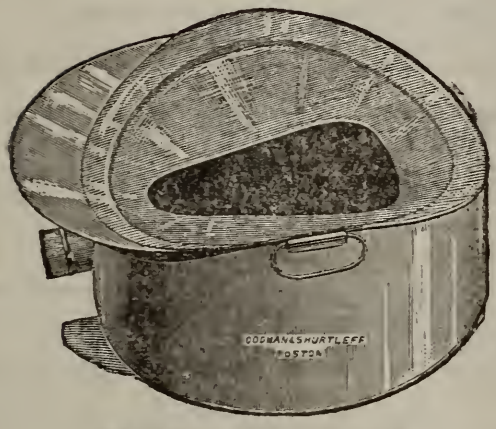
Samples sent free. Specify PLANTEN'S CAPSULES on all orders. Sold by all Druggists.

# VAGINAL DOUCHE APPARATUS.

Designed by Dr. W. H. BAKER.




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche. It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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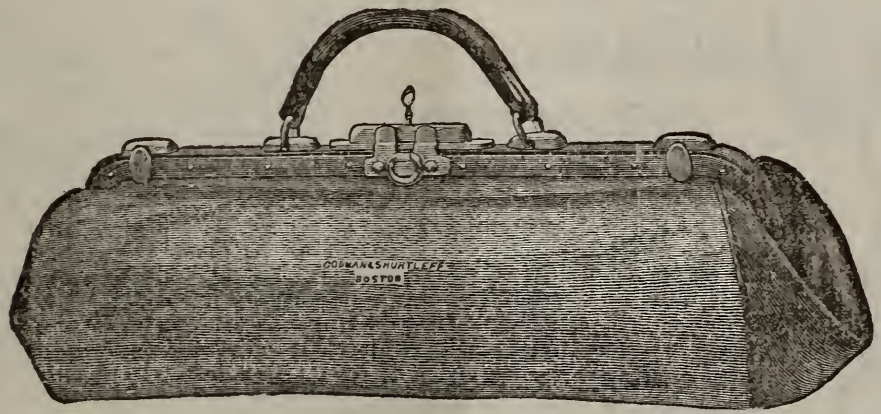
# Obstetric and Gynecological Instrument Bag.

**PRICE REDUCED.**




These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

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DOSE.—One to two Fluid Drachms, in water, three times a day.

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DIRECTIONS.—To Eradicate the Malaria from the system, One Teaspoonful in water, three times a day. For Intermittent, Remittent, and other Fevers, Five to Twenty Drops, every two or three hours. As a prophylactic against Malaria, One Teaspoonful twice a day. PEACOCK CHEMICAL CO., St. Louis.

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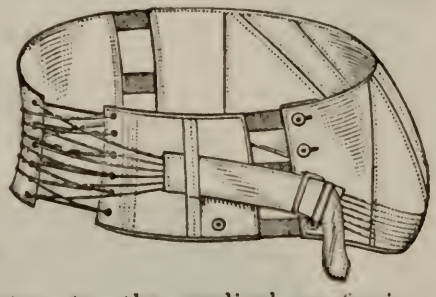
## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

M. F. LINQUIST, M. D., New Haven, Conn.

# MURDOCK'S LIQUID FOOD.

## *Its Value in Surgical Cases.*

Extract from the New England Medical Monthly, July 15, 1885.

Operation performed by Dr. Wm. C. Wile, the editor, in presence of Drs. Henry, Porter, Berry, De La Mater, Hill, Young, and Elliott; the subject sixty-two years old; married; no children.

Examination by himself, also Dr. T. Gailard Thomas, of New York, showed that she had a tumor and that it was simply a cyst of the left ovary.

"For two weeks she was placed upon preparatory treatment consisting of general tonics combined with Murdock's Liquid Food, and for three days prior to the operation, of liquid nourishment with Murdock's Liquid Food.

Immediately after the operation, February 23, the temperature was 98 deg., pulse 94; the patient suffered very little from shock and rallied well.

At 6 P. M. temperature was 99.1 deg., pulse 96; I gave a hypodermic injection of one-fourth of a grain of morphia, and an enema of one ounce of Murdock's Liquid Food. Feb. 24, 1 A.M. another enema. From this time until 3.30 A. M. she rested quietly; 6 A. M. temperature 100 deg., pulse 90; 3 P. M. temperature 100.5 deg., pulse 114; passed a comfortable day, took several enemata of Murdock's Liquid Food and one of milk brandy, which not being well retained was abandoned, and from this time out nothing but Murdock's Liquid Food was used.

February 25, rested splendidly all night.

February 26, 6 A. M. pulse 98, temperature 98.2 deg., feels first-rate and clamors loudly for food, no soreness, no tympanitis, continued Liquid Food and beef peptonoids in teaspoontul doses at intervals during the forenoon. At noon two oysters and a small plate of toast. At 6 P. M. temperature 100.2 deg., pulse 98.

February 7, temperature 100 deg., pulse 90. Has taken the usual enemata of Murdock's, and also small quantities of Murdock's, broth, brandy, and peptonoids.

February 8, temperature 99.5 deg.. pulse 86. Mar. 1, temperature 99 deg., pulse 86. Mar. 2, temperature 98.7 deg., pulse 78.

March 3, the eighth day from the operation, all the sutures were removed and the wound was found to have healed by first intention.

On the fourteenth day she sat up in bed; on the twenty-first, when my last visit was made, she went into the dining-room to dinner.

It will be noticed that the nourishment which the patient took for the first three days after the operation consisted entirely of enemata of Murdock's Liquid Food and also that for the first week it was the principal diet. I consider that it rendered me the most valuable service in sustaining life in this case, as it has in many others in which I have used it."

We are constantly receiving letters from surgeons and physicians of the benefit of Murdock's Liquid Food to them in surgical cases, all meeting with the same results as Dr. Wile. Our Free Surgical Hospital is open to the profession for their own private cases, or we will care for any case which may be sent us.

---

7 SNOW HILL, LONDON, July 12, 1885.

TO M. DOLAN, M. D.,

Editor of Provincial Medical Journal of England.

DEAR SIR.—My attention has been drawn to an article in your Journal of July, 1885, on Murdock's Liquid Food.

I beg to offer a few facts to advise why Dr. Stutzer, Director of the Imperial Chemical Laboratory for Rheinish, Prussia, gave his opinion in the language he used (and gave his preference to Beef Peptonoids and Beef Extracts).

The fact that my Liquid Food is the only Raw Condensed Food, or Food Extract in the world, shows why it was not acceptable to him, in smell or taste. We rest its value on results obtained when all other treatments of Medicines, Extracts, and Foods fail.

An Extract cannot possess the properties of common Food; or common Food, of condensed Food; or Condensed Food, of Raw Condensed Food, free from insoluble matter; that can be retained by the stomach when so weak as to refuse water, and this shows its value over all other Foods and Extracts, though some may think they smell, taste or look better, as tastes differ. Liquid Food carries the flavor of the articles from which it is made, and can be altered every time it is taken, if desired. Any patient after taking it a few times, who dislikes the flavor will grow to like it, especially when they find they are growing better daily by its use. Show me any and all other preparations in the market—or that can be compounded—combined, that can create ten pounds of blood, monthly with four pounds. Liquid Food is doing this outside as well as inside our Free Hospital of seventy beds, as it will restore the stomach to action.

Our Liquid Food is always sweet and we so warrant it in all countries.

"The process of decomposition," he mentions, comes from its richness and will not appear if he will reduce it on taking, it will then be superior to Beef Peptonoids, and a greater reduction will make it then better than Beef Extracts.

Yours Respectfully,

A. L. MURDOCK.

---

Liebig also tells us, "Were it possible to furnish the market at a reasonable price with a preparation of meat containing in itself the albuminous, together with the extractive, principles, such a preparation would be preferred to his (preparation) 'Extractum Carnis,' for it would contain ALL the nutritive constituents of meat. Again, I have before stated that, in preparing the extract of meat, the albuminous principles remain in the residue; they are lost to nutrition, and this is certainly a great disadvantage."

Sufficient has been said to show that what Professor Liebig and the whole medical profession were so anxious to obtain during the last fifty years they now have in

## MURDOCK'S LIQUID FOOD.

Confirmed by there being no relapse in fever when used, and it relieving the consumptive from hunger, restoring those suffering from general debility and chronic diseases.

The cost is two-thirds what the raw meats cost of which the leading hospitals of London used to make their extracts, they did for many years, not being able to obtain an extract equal to their own. They now use Murdock's Liquid Food daily, as it is cheaper, richer, and always available when all other extracts and foods are refused by the stomach.

Among our best customers for Murdock's Liquid Food are the Governments of the United States, England and the leading Governments of Europe; also all hospitals and physicians in those countries that have tried it.

Beware of Extracts labelled Original Liquid Food and other names, as we sue all manufacturers that take our Trade Mark, Essays and Hospital Reports.

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The Viburnum Compound of Dr. Hayden does not contain any Opium, Morphine, Chloral, Ether, Bromide, Narcotic or other dangerous or poisonous drug, and will not leave any unpleasant sequelæ. No special caution being required in its administration. As a soothing medicine, and in the bowel complaints of children, it will be greatly appreciated. It is agreeable to the patient, often inducing quiet and a restful sleep, which no preparation of opium will accomplish. As an admirable uterine tonic and parturient accelerator in cases of inertia and tedious labor, where ergot and opium are inadmissable, the Viburnum Compound will demonstrate its superiority over all other remedies.

The Viburnum Compound is prescribed by the most eminent medical men in this country, and is recommended by more physicians than any one other special remedy in the world without a single exception.

We assert, without the fear of a successful contradiction, that no physician who has thoroughly tested in his practice the merits of the Viburnum Compound of Dr. Hayden, will on any consideration be without it in the list of his most favorite remedies.

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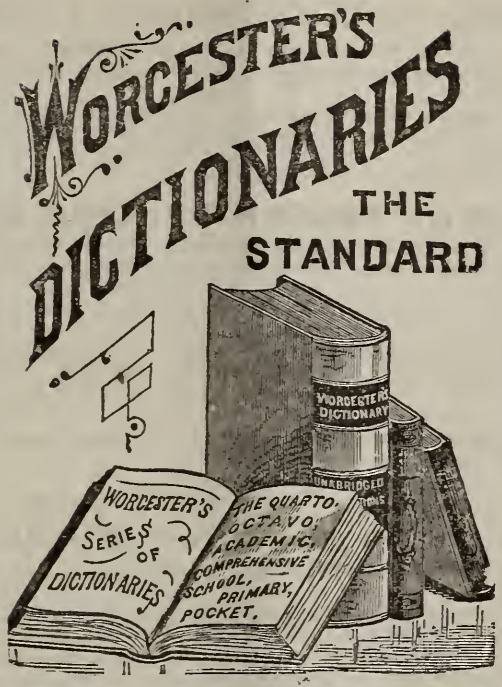


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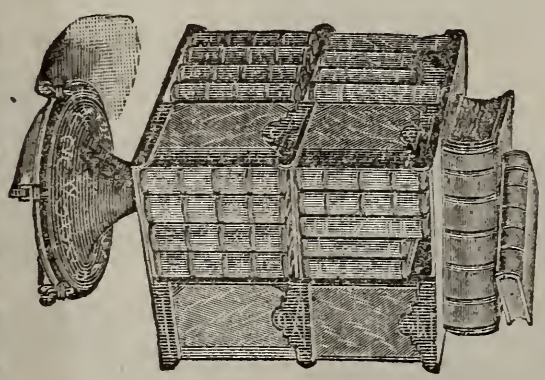

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In its pure state it changes readily on exposure to moisture, air and light; and when so changed in color or smell, is unfit for medical use. To prevent this it must be recovered in its nascens state, by combining it, atom for atom, with syrup or glycerine, when it will remain unaltered for an indefinite period. Combined with syrup we obtain our

## SYRUP OF NASCENT PHENIC ACID,

each tablespoonful of which contains 2 1-2 grains chemically pure nascent Phenic Acid.

From medical works, journals, letters and statements of physicians we learn that brilliant successes have been obtained from this preparation in the treatment of zymotic diseases, as SCARLET FEVER, DIPHTHERIA, MEMBRANOUS and DIPHTHERITIC CROUP, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVER, SEPTICÆMIA, ERYSIPELAS, etc., etc. Physicians specially recommend it in MALARIA as an antiseptic in general to prevent contaglon; hasten convalescence; check suppuration, and oppose the fermentative changes which cause an alteration of the normal proportion of red corpuscles of the blood. It can be given in alternate doses with our other compound preparations, when the full Phenic Acid effect is desired.

It is indicated in all disturbances where the tongue is of a dark or angry red, and many patients will at once convalesce on the use of the remedy.

Dose, one tablespoonful, three times daily before meals.

Many physicians prefer a combination of Sulphur with Phenic Acid. For such we prepare

## SYRUP OF SULPHO PHENIQUE.

each tablespoonful of which contains Sulphuretted Hydrogen and Ammonia Phenate combined, 2 5 6 grains.

The profession have found this combination specially serviceable in SCARLET FEVER, DIPHTHERIA, CROUP, TONSILLITIS. QUINSY SORE THROAT; chronic forms of RHEUMATISM, GOUT, ASTHMA, and CUTANEOUS AFFECTIONS, and all cases, in short, where sulphur is indicated. In CHRONIC NASAL CATARRH, in conjunctlcn with the topical application of Glyco Phenique, it is universally remedial. In SMALL POX it will abate the disease, prevent pitting, and so arrest the eruption in the vesicular stage that the results in of the supperative stage and secondary fever will be prevented.

This compound may be relied on in DYSPEPSIA.

Dose, one tablespoonful, three times daily before meals.

It frequently happens that the lesions left by acute disorders and constitutional diathesis require an alterative, for which purpose Iodine and Iodide of Potassium have always held the first place. With these we prepare our

## SYRUP OF IODO PHENIQUE,

each tablespoonful of which contains Iodine, 1-14 grains; Iodide of Potassium, 3-14 grains; Nascent Phenic Acid, 8-11 grains.

This combination is in universal demand by the profession for the treatment of SCROFULA, and all diseases arising from a strumous or scrofulous diathesis. TUMORS, HIP JOINT DISEASE, CARIES and NECROSIS of bone, CANCER, SYPHILIS, and all specific and constitutional diseases; ERYSIPELAS, ACUTE and CHRONIC SKIN DISEASES. In MALARIA it is prompt, speedy and effective, abating the paroxysm, and preventing future attacks. In "biliousness" or "liver complaint" it has no superior. In SCARLET FEVER it should be used alternately with Syrup of Nascent Phenic Acid.

Dose, one tablespoonful, three times daily before meals.

In all fevers, whether Idiopathic or Essential, the grave symptoms are high temperature, sleeplessness and nervous disturbances. The profession have found that one of the best remedial agents to combat these symptoms is our combination of

## SYRUP OF AMMONIA PHENATE,

each tablespoonful of which contains Ammonia Phenate, 2 4-5 grains.

The profession have reported that on the exhibition of this compound, high pulse and temperature will be reduced, and neither delirium nor coma supervene. It is described in the same class of diseases as the Syrup of Nascent Phenic Acid, viz.: SCARLET FEVER, DIPHTHERIA, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVERS, SEPTICÆMIA, ERYSIPELAS, ACUTE RHEUMATISM, etc., etc. In TUBERCULOSIS, and other pulmonary affections, as PNEUMONIA, BRONCHITIS, etc., etc., it has proved invaluable.

Dose, a tablespoontul, three times daily before meals.

The above combinations of Phenic Acid are also prepared with a non-saccharine base for diabetic patients, and for those to whom sugar is objectionable.

Hypodermic injections of Nascent Phenic Acid, Sulpho Phenlque, Iodo Phenique, and Ammonia Phenate, all at 2 per cent. Where a rapid and thorough effect is desired, whether in adults or children, these should be used with Hypodermic Syringe (Dr. Declat) with finger-bearings, 2 needles graduated, holds 80 minims.

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Yours truly, JAMES J. O'DEA, M.D.

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ROCHESTER, N. Y., Oct. 5, 1884.

*Dear Sirs.*—I have frequently prescribed your Malt Whiskey in my practice here. I consider it a very superior and reliable article, and can heartily recommend it in low states, in fevers, acute inflammations, and in depressing maladies generally, also as a tonic in feeble digestion and convalescence from acute diseases, when an alcoholic stimulant is indicated, and especially in Phthisis Pulmonalis. FRED. H. SAWERS, M.D.
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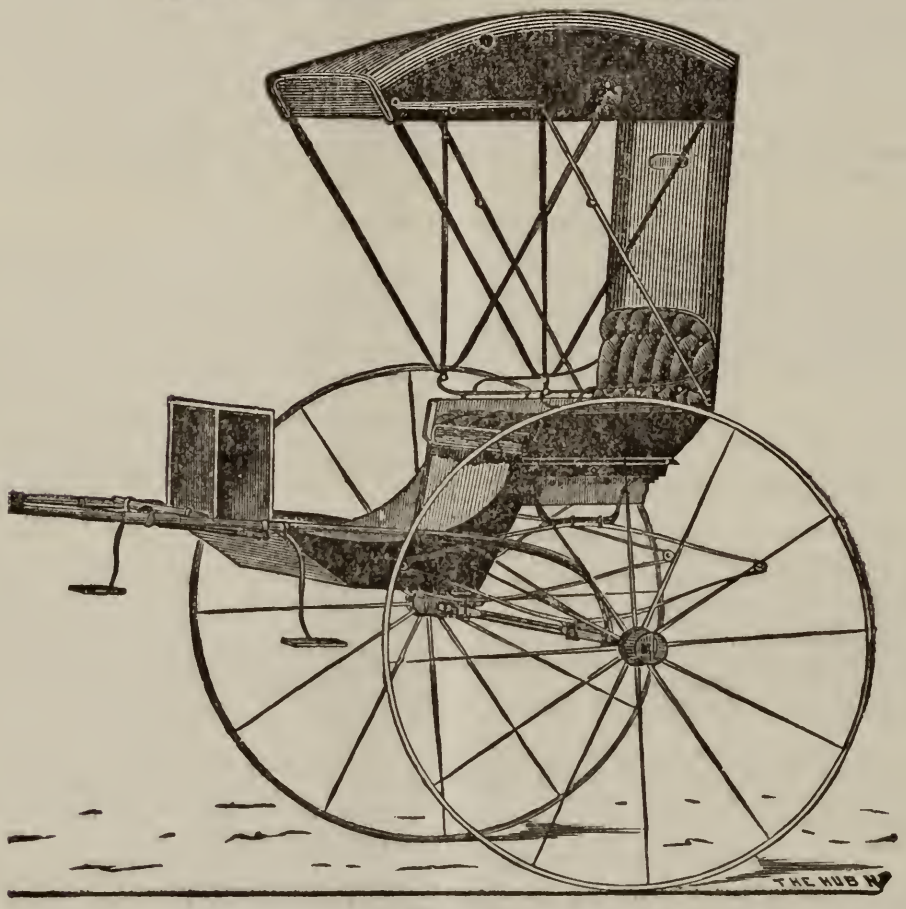


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Cereal foods are regarded by some with disfavor, as diet for infants, especially by those who maintain the dictum of chemistry in the matter as conclusive. It is urged that as they usually contain a certain amount of unconverted starch, this ingredient, owing to the abscence from a baby's saliva of the solvent "*ptyalin*," must cause indigestion and irritation in its passage through the stomach and intestines. Yet Bouchardat and Sandras have demonstrated that starch, given to animals in excess of what the saliva can act upon, has its corpuscles eroded, dissolved, and transformed into sugar, when it meets the pancreatic fluid in the deodenum. The inference is that the conversion of starch is not wholly dependent on the secretions of the buccal cavity, and that the presence of a limited quantity in an infant's food is not necessarily a source of disorder. Moreover, in dietetic questions the verdict of chemistry can only be received *cum grano salis*: and the final appeal is to practical experience; what might, could, would, or should be, under supposed conditions, loses much of its practical value, when we have easy access to what IS.

The preëminent popularity of Ridge's Food has caused it to be singled out for special criticism and attack, and unspairing denunciations have been hurled at it by, and on behalf of, unsuccessful rivals, whose professed zeal for the welfare and protection of the innocent public would be really touching, if it did not employ the language of disappointment and defeat. Our appeal to the public for its patronage has rested on the excellence of our product; and its full justification is found at this time in an experience of thirty years, during which the sales of RIDGE'S FOOD, throughout Great Britain and her Colonies, as well as in every State of the Union, have steaily and largely increased.

RIDGE'S FOOD is made from carefully selected winter wheat, which, having been reduced to an almost uniform fineness, is thoroughly cooked by a steam baking process. The nitrogenous and phosphatic elements in which wheat is so rich are carefully preserved, and a large proportion of the starch is converted into dextrine; while the residue undergoes a further change when the food is prepared, as directed, in the nursery, producing an article of diet at once abundantly nutritious and easily digested. Samples of the preparation will be found a little sweet and slightly alkaline.

It is claimed for RIDGE'S FOOD that it is acceptible to the most irritable stomach of infant or invalid, when used (as sometimes it must be) without milk; and that then it is alone sufficiently nutritive to sustain life.

It is also affirmed that the objections urged against the use of cereal foods in no way or degree apply to our preparation; that the consequences predicted as following such a diet for infants never occur where Ridge's Food is used So contrary, indeed, is the prediction to the results of experience, that an eminent firm of druggists in Chicago, who for many years have sold largely of our preparation, writes: "Its soothing and satisfying properties are so marked, as often to cause customers to inquire *if it does not contain some opiate!*"

*We shall be pleased to forward a sample of Ridge's Food to any physician not yet acquainted with it, who may favor us with his address; satisfied that, with a fair trial, we shall secure his commendation.*

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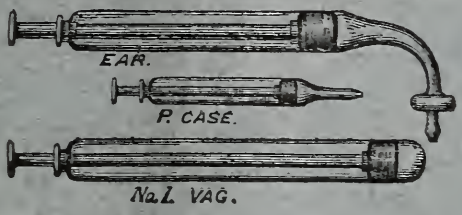


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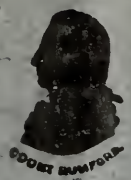


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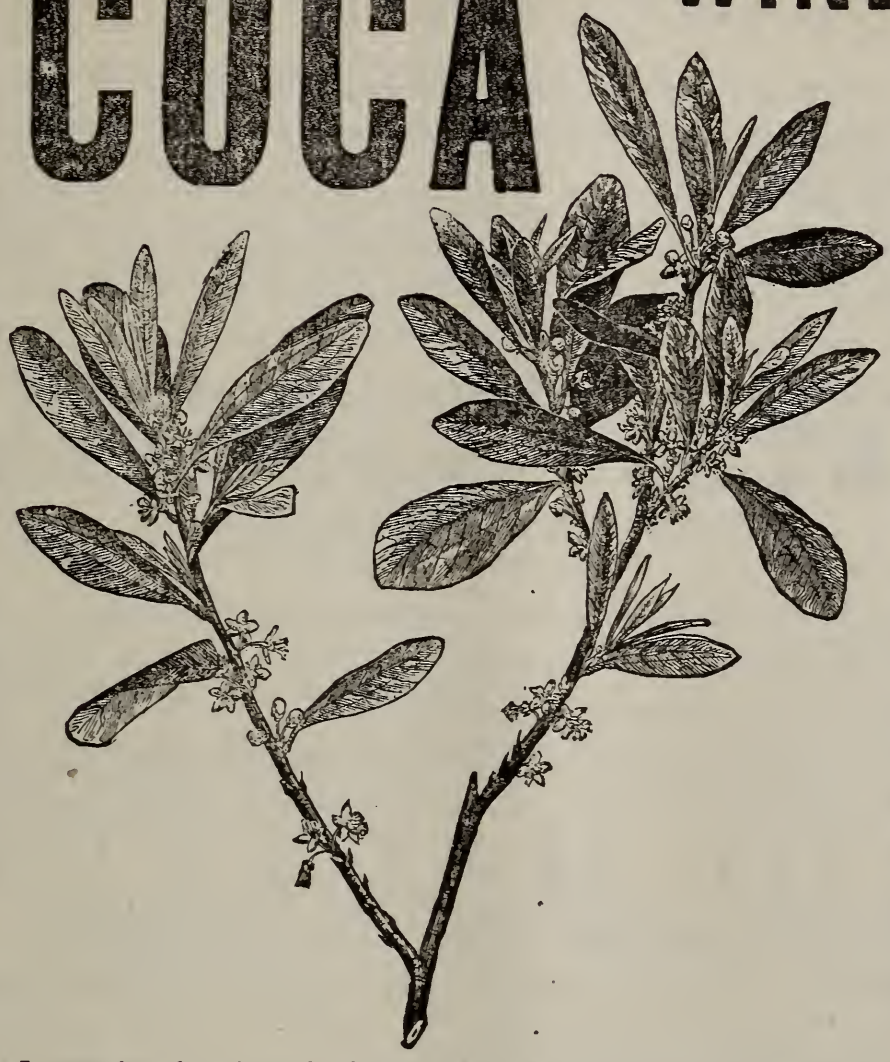

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

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## ORIGINAL COMMUNICATIONS.

### *CHOLERA MORBUS TREATED BY HYPODERMATIC INJECTION.*

BY C. E. MILES, M. D., BOSTON HIGHLANDS, MASS.

DURING my practice I have met with Cholera Morbus every year, especially in the summer and early autumn months, but have seen several severe cases in mid-winter. This disease attacks its victim suddenly, and is violent and distressing while it continues, and hence demands prompt and judicious treatment. There can be no occasion to here enumerate the symptoms which attend it, or to discuss its diagnosis, since these must be familiar to every practitioner, and are given in detail in the books. We therefore turn to the more practical topic—its therapeutics. When called to the bedside of a patient ill with cholera morbus, there will arise in the mind of the physician the questions—What are the existing pathological conditions? what is their cause? and what the remedial measures to be adopted? These questions we will briefly consider.

If we seek information as to its pathology through the *post mortem*, we may sometimes be led to think it a functional disease, for occasionally that fails to reveal any structural change whatever. Generally, however, there will be found hyperæmia of the gastro-intestinal mucous membrane, and more or less capillary congestion, particularly in the duodenum. The blood

is sometimes thickened and of a prune juice color. The intestinal glands are usually swollen, and the mucous tissues covered with desquamated epithelium. The location of the disease then as generally revealed by the morbid anatomy, is in the mucous membrane of the gastro-intestinal canal, and the lesion an irritation of that membrane. Through the reflex action thereby produced upon the spinal cord, the sympathetic, and the vaso-motor system, are developed many of the phenomena which largely constitute the symptomatology of cholera morbus, such as the cramps in the abdominal muscles and the muscles of the extremities, coldness of the surface of the body, and the derangements of the circulatory system. That the agent which gives rise to this irritated condition of the mucous lining of the gastro-intestinal canal, when it exists, and that so profoundly affects the nervous system, when no morbid structural lesion is found, is of a toxic character, the clinical history of the disease makes very certain, although its exact nature cannot be fully explained. This agent undoubtedly produces its action by direct contact instead of by a specific poison introduced into the system through the medium of the atmosphere, as in cholera, small-pox and other contagious diseases.

The predisposing and exciting causes of the disease are frequently very manifest. Prolonged and intense heat always render the mucous surfaces of the gastro-intestinal canal sensitive. A sudden and decided rise in temperature produces a similar effect, while nervous shock and great fatigue greatly hinder the digestive processes and thus favor its development, hence each of the above conditions prove predisposing causes of cholera morbus. That indigestible, unripe or over-ripe fruit and vegetables, and too stimulating and very cold foods and drinks irritate the digestive canal and give origin to the disease, are matters of every day observation, and the manner in which they act must be patent to every practitioner. The pathological conditions presumably understood, and the causes apparent, what are the remedial agents indicated? This question may perhaps be best answered by briefly detailing a few isolated cases which are fairly typical of the many which I have met in my practice for the past twenty-five years, and of the

treatment which for the past five years I have generally adopted.

Case I. Patient a robust man. Had eaten freely of green peas and water-mellon, and drank copiously of cold water at dinner. Four hours later he began to vomit freely, expelling portions of food, and had large, watery discharges from the bowels attended with cramps in the legs and coldness of the surface. I gave half a drachm of tincture of ipecac in a gobletful of warm water, which produced free vomiting, ridding the stomach at once of the offending food. A fourth of a grain of sulphate of morphia was then administered hypodermatically, and in half an hour the vomiting and purging had ceased, the cramps were relieved, and the patient was asleep. On waking there was pain in the muscles of the abdomen and legs, but no vomiting or diarrhœa. I then gave tinct. bryoniæ, min. v; aquæ, ʒ iv., of which a teaspoonful was taken every two hours. The patient recovered without further treatment.

Case II. Was a man in fair health and middle age. He returned from "the club" at 1 A. M. The evening had been warm, and he had indulged freely in wines, ices, etc. He had vomited freely for ten hours when I saw him, and the retching was intense, without fluid. There were severe cramps in all the limbs, the surface of the body was cold, while the patient suffered intense thirst. I injected sulphate of morphia, a third of a grain, hypodermatically, and in twenty minutes the patient was sleeping. He awoke in two hours with much thirst and exhaustion, when he was given ice freely, and every third hour a powder containing two grains of oxalate of cerium, and eight grains of carbonate of bismuth, while every hour, when the powder was not used, he took a teaspoonful of a mixture consisting of five minims of tincture of nux vomica in three ounces of water. The recovery was prompt.

Case III. Was an elderly woman, and not very robust, who had eaten very freely of "boiled dinner," after an exhausting forenoon's work. She was taken with vomiting two hours after dinner. Domestic remedies had been administered for ten hours when I was called, and the stomach had been freed from all remnants of food. The cramps in the lower extremities were terrible, the surface was cold, and the exhaustion was alarming.

There was retching, hiccough, and dyspnœa. Gave sulph. morphia, one-fourth gr., and a drachm of brandy by hypodermatic injection; had the body and limbs wrapped in hot woollen blankets as soon as possible, and repeated the brandy injection twice in thirty minutes, when the patient fell asleep. On waking there was great thirst and exhaustion. The warmth of the surface of the body was maintained, chipped ice was held in the mouth for the relief of thirst, and frequent but small doses of the tincture of prickly ash berries in warm water were given. Convalescence was promptly established.

Case IV. Was a dilapidated man of thirty years of age, who evidently suffered from the effects of hard work and hard drink. Lager beer, veal soup and intense heat combined had done their worst, and had produced terrible vomiting, cramps, and diarrhœa. I saw him six hours after the attack set up, and gave as in the preceding cases, morphia hypodermatically. After the lapse of half an hour there had been no relief, therefore the morphia was repeated and he soon fell asleep, awaking three hours later free from pain and vomiting, but the diarrhœal discharges continued and were copious and watery. I gave him three grains of geranin combined with fifteen grains of subnitrate of bismuth, the dose to be repeated every three hours. The results were favorable.

Case V. The patient was a young woman generally healthy, but of nervous temperament. She had partaken generously of cake, wine, and ice cream after an evening of great excitement in a heated room, and retired in a very excited condition. Pain in the stomach and bowels soon came on, followed by vomiting, cramps and pain in the entire body, especially in the head, which, when I saw her, was intense, while the retching was constant. In this instance I combined ten drops of tincture of gelsemium, morphia one-sixth grain, and fifteen drops of water, and gave the whole as a hypodermatic injection. The retching subsided somewhat, and the head was less painful in twenty minutes, but the same dose was repeated in one hour, to the perfect relief of all the distressing symptoms. The recovery was prompt.

Case VI. A vigorous woman; age forty years. She had spent several hours in a heated room, overlooking servants

making preserves, and had eaten freely of several kinds of fruit. After retiring she fell asleep in a cool breeze, and awoke with a chill, soon followed by severe vomiting and cramps. When I first saw her it was evident that the stomach still retained a portion of the fruit eaten, and I therefore gave a half teaspoonful of tincture of ipecac in a gobletful of warm water, repeating the dose in fifteen minutes. The solid contents of the stomach were promptly expelled, but the retching and cramps were violent. She strongly objected to opiates, as they "always left her badly," therefore I gave hydrate of chloral, gr. xv., tinct. gelsemium, min. x., aqua, ʒ ss hypodermatically, but with little benefit. In half an hour I repeated the dose of chloral, and sleep was obtained half an hour later. After two hours sleep the patient awoke, free from cramps and nausea, but with the sense of general soreness in every muscle of the body, whereupon I gave tinct. bryoniæ, min. v., aquæ, ʒ iij., a teaspoonful every hour. The following day she was comfortable and about her house.

The treatment, both medicinal and hygienic, that follows the subsidence of the acute attack will vary with different cases, which need not be considered in this paper; so, too, there are certain auxiliary agents that may be helpful during the period of violence. But I submit, that when offending material has been removed from the stomach, the "sheet anchor" in the treatment of cholera morbus is the hypodermatic injection of the sulphate of morphia, unless there are known or strongly suspected constitutional or hereditary contra-indications to its use. It is certain to be retained in the system; it relieves the general pain and the cramps; suspends the nausea and retching; stimulates the flagging system, and gives repose promptly when it is so much needed, usually leaving the stomach in a condition to retain the indicated remedies.

Some will say, "it may do harm!" Surely it may. So may any of the more powerful remedies that we prescribe every day, if injudiciously administered. It is wise to add to the morphia from $\frac{1}{100}$ to $\frac{1}{60}$ gr. of atropia, to counter-act the nausea it produces in some persons.

## *IS NUX VOMICA A SPECIFIC FOR AGUE CAKE?*

BY R. C. HEMENWAY, M. D., WESTFIELD, CONN.

THE case of enlarged spleen reported by Dr. Harrison in the JOURNAL for October, was of extreme interest to me, as I have, within the past few years, had a number of cases of chronic splenitis to contend with. In a majority of these the administration of iodide of potassium, or the application of a mercurial ointment (the red oxide) gradually reduced the splenic enlargement, but in several both these and other remedies usually advised, had little or no effect. While quite at a loss to know what to do for one of these cases, I hit upon a remedy which, though I do not profess to understand the true rationale of it, I have since used with unvarying success. Hoping that it may not be without interest to the numerous readers of the JOURNAL, I venture to transcribe the details of a few cases, typical of many, in which I have successfully used the remedy for the relief of ague cake.

George W., æt. 52, residing in a malarial region, had been suffering with an enlarged spleen for over eleven months, and after a renewed attack of ague, called on me for relief. His suffering was intense, and he was compelled to lie down to get ease from the morbidly congested viscus which recent paroxysms of fever had enormously increased. After the fever was broken up, he took three grains of sulphate of quinine, every four hours during the day for several weeks, but without perceptibly affecting the size of the spleen. Previous to coming to me he had been given by another physician the various preparations of iron, and also muriate of ammonia, and of the latter article I ascertained he had taken seven ounces. The iodides, citrate of iron and quinine, and other remedies variously combined, and belladonna plasters, was the treatment, kept up for months without any apparent benefit. Having heard of strychnia being used in such cases, I determined, as a matter of experiment, and without any confidence in it, to prescribe it in a sixteenth of a grain doses three times a day. I was astonished at the results, recovery immediately following. He has had intermittent fever several times since, followed with

swollen spleen, which was easily reduced with nux vomica or one of its preparations.

I was called to see Minnie C., aged 26, a neighbor of the former patient, who was confined to her bed from debility and prostration bordering on erethism. She was unable to move or sit up, the pain was so severe. Palpation readily detected the enlarged spleen, which seemed also somewhat displaced. Adhesive straps were applied to hold the organ up, and they afforded almost instant relief. She had for months been taking large doses of quinine and tincture of iron, and all sorts of remedies suggested by friends had been applied. Sixteenth of a grain doses of strychnia three times a day and a nutritious animal diet were ordered, and in a very short time she was up and attending to her household duties. In less than one month from the time she commenced taking the strychnia, she was unable to feel the "ague cake," and in six weeks time I could not see that its size, as made out by percussion, was in excess of the normal.

Henry M. had recently removed to my vicinity from a locality in the West notorious for malarial fevers. Though not a strong, robust man, he had always enjoyed good health with the exception of occasional attacks of "chills and fever," and had noticed a lump in the left hypochondriac region for several months which seemed to be constantly increasing, for which he had taken a large amount of quinine, "liver pills," blue mass, etc. After having a chill he experienced pain and tenderness. On examination I found the spleen enlarged and indurated, as I expected, and ordered him to take a teaspoonful three times a day of a mixture of tincture of nux vomica half an ounce, and syrup of ginger three and a half ounces. Three weeks later he informed me that the spleen had diminished in size so much that he could not feel it. Neither could I.

Seeing the excellent results in the foregoing cases, I have used it with uniform success in the same doses three times a day, increased if necessary to obtain its sensible effects, in every case of enlarged spleen that has come to my notice, and the results have been all that could be desired. Of the tincture, twenty minims is about the proper commencing dose for an adult, and it may be conbined with quinia, the

mineral acids, or iron, when there is great anemia, and after giving other extolled remedies a fair trial in chronic or acute splenitis, I am satisfied that strychnia is superior to them all. The question that naturally presents itself is, What is its mode of operating on this ductless gland? Is it simply a tonic, or is it a nervous stimulant arousing that indolent and mysterious organ to healthy action through the sympathetic nervous system, acting as an excitor to the motor filaments of the spinal cord, or the splenic plexus which surrounds the splenic artery and follows its branches into the spleen? I don't know, I confess, but that it does its work well, I do know.

It is said that the spleen possesses only slight power of contractility. Gray was unable, after numerous experiments, to obtain contractions by the application of a strong galvanic current. My theory is, that as the contractility of the blood vessels is due to the ramifications of nerve-fibres, more arterial blood is distributed to the spleen than is required for nutrition, hence the enlargement, and this excess of blood is impeded or cut off from its large and tortuous channel, the splenic artery, to the great blood reservoir, by the action of strychnia on the nerve coats of the arteries, causing contraction.

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## *FECAL IMPACTION.*

BY ROBERT A. REID, M. D., BOSTON.

One of the results of constipation long continued is a collection of hardened feces, which may occur in or about the cæcum, or some part of the colon, but the term "impaction" is generally reserved for an accumulation taking place in the rectal pouch, just within the anal sphincter. It occurs more frequently in women than in men, simply because the former are more exposed to the two most fertile causes of it—a sedentary life and parturition. Many a person of either sex, has received the first intimation of failing nerve force by a loss or diminution of contractile force in the colon, leading to intestinal inactivity and fecal impaction. While, as I have said, women are more liable to it, especially those recently confined, it also occurs with considerable frequency in old women, middle aged females and hysterical young girls.

Whatever the other circumstances may be, the cause is primarily the same, *i. e.*, a loss of power of the muscular tunic of the gut, whether produced by the pressure of the child's head, in the case following the puerperal state, or by the habitual neglect of the calls of nature, the accumulation sometimes becoming enormous. Dr. Copeland relates the case of a medical officer in the French service, who died at the age of fifty-four, and had never since boyhood passed more than five or six stools in a year. On one occasion having taken an active cathartic he passed the seeds of raisins eaten a twelvemonth before. Dr. Strong, of Westfield, N. Y., met a case in which there had been no fecal evacuation in eight months and sixteen days. When the bowel was finally roused, defecation lasted four days, and upwards of forty pounds of fecal matter were evacuated. Such extreme cases are not common, but every physician of experience has met cases differing from them only in degree.

Impaction has frequently been mistaken for something else, the symptoms often being decidedly obscure. Not seldom patients with fecal impaction take on a peculiar pallor which has been mistaken for the cancerous cachexia, and such cases have more than once been treated as malignant disease from the presence of tumora as well as the facial aspect. About a year since I was called to see a lady who was supposed to be suffering with malignant disease of the sigmoid flexure. She was fifty years of age; had lost much flesh she said, and yet was not emaciated; but her complexion had that muddy hue so often seen with malignant disease. She suffered much of the time with severe and lancinating abdominal pain, but this was supposed to be only the pain peculiar to cancer. She fainted occasionally without warning, and not from pain, but as she had been treated a year before for "water around the heart" the syncope was charged to that. The abdomen was much distended, but uniformly so, and low down on the left side a tumor of a more or less firm feel could be made out, but as pressure was not well borne owing to abdominal tenderness, this was a symptom not always easy to elicit. Her aspect certainly was very suggestive of cancer, and to render the diagnosis more probable, she had frequent dark, grumous, and foul smelling discharges. On

introducing the finger into the rectum it came in contact with an enormous ball of hardened feces quite movable so that liquid motions could easily pass around it and escape. This was deemed a condition of things calling for removal, whatever might exist higher up, and with the handle of a table spoon I broke down and removed a large part of the mass and then ordered an injection consisting of a quart of soap suds, to which was added an ounce or so of peanut oil, every morning and night, and a pill containing a fifth of a grain of aloin, a sixtieth of strychnia, and an eighth of belladonna, three times a day. Twenty-four hours later she passed an amount of feces nearly filling the chamber vessel, which was followed by others equally large, the whole amount excreted being simply incredible. A little later the treatment was changed to a combination of tonics and laxatives, nux vomica being prominent among the former, while Cascara Cordial constituted the latter, and the "tumor" rapidly disappeared, the abdominal distention vanished, and the woman rapidly regained her health. Without doubt those who had previously seen her were misled by the frequency and character of the discharges. While diarrhœa (?) is not a constant attendant of these cases, it is by no means an uncommon one, frequent liquid discharges being quite compatible, with great retention of solid feces, just as incontinence of urine in an adult is generally associated with a distended bladder. A digital examination would at any time would have revealed the true nature of the case, and the mistake was in neglecting that.

It is easy to understand that anorexia, dyspepsia, vomiting, retention of urine, cough, night-sweats, and all manner of nervous and reflex symptoms may be, and generally are, present in such a case, while it is shown that mental depression amounting almost to melancholy, frequently exists, the patient supposing herself the victim of an incurable and fatal malady. The very first step in the management of such a case should be to institute a thorough examination. The anus will frequently be found "pouting" or nipple-shaped, while the sphincter itself will have the feel of a ring of wood being sometimes so firmly contracted as to successfully resist the introduction of the finger.

Entrance can however always be gained by resorting to an anæsthetic if necessary, and once within, the nature of the case is revealed, the finger coming in contact with the ball of feces varying in size from that of an orange to that of a child's head at birth. Obviously the next step is to break up and remove the mass, and in a bad case this will hardly be done without the aid of ether. Having brought her under this agent the sphincters should be slowly dilated by introducing the first finger of each hand and pulling them apart, first in the antero-posterior direction, and then laterally, not using force enough to tear the mucous membrane, but enough to stretch the sphincters and for the time being paralyze them. This being done, you are master of the situation, such as it is, and can proceed to remove the accumulation at your leisure. Beside the ball which guards the entrance, a large collection will be found, extending any distance up the bowel, and for its removal the soap, water and oil injection comes into play, together with laxatives and later agents to impart tone to the over-distended and thereby weakened colon. The faradic current is a valuable means for accomplishing the latter purpose.

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## SOCIETY PROCEEDINGS. HOSPITAL REPORTS.

(American and Foreign.)

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### *ECLECTIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

The Eclectic Medical Society of the State of New York held its twenty-fifth annual session in Adelphi Hall, New York City, on Wednesday, September 9th., 1885. On account of the absence of the president and vice-president, the secretary called the meeting to order at 10 o'clock A. M., and Dr. Alexander Wilder was elected temporary chairman. The meeting was opened by prayer by Dr. John Wilson, of Albany. The roll of membership was called, and more than a quorum responded. The names of delegates were received from the following auxiliary societies: Saratoga District Society; Albany County Society; Black River District Society; Sullivan County Society; Central New York Society; New York City Society, and West Side Medical Society, and were referred to the Board of Censors.

In place of absentees on the Board of Censors, the president appointed Drs. James M. Congreve, of Wippinger's Falls; Lewis P. Grove, of Brooklyn; M. L. Filkins, of Albany; James E. Briggs, of New York; Wm. Jones, of Newburg; Richard E. Kunze, of New York; Phebe Low, of Liberty, and G. W. Boskowitz, of New York. The board of censors in due time reported favorably upon all the delegates named, and also upon all those recommended for permanent membership. A ballot was ordered, and Drs. Jacob F. Neefe, of Albany, and Wm. Jones, of Newburg, were appointed tellers. The following were unanimously elected to permanent membership: A. L. Scoville, of Fortsville, Saratoga County; Thomas Grant, of Liberty, Sullivan County; T. R. Kinget, Sr., of New York City; J. A. Bauerman, of New York City; J. F. McCann, of New York City; W. Henry May, of New York City; J. N. Carey, of New York City; Mary A. Hayward, of New York City; J. L. McKennon, of Susquehanna Society; P. A. Allen, of Cobleskill, Schoharie County; R. Hubbel, of Harpersfield, Deleware County. The reading of the minutes was suspended, and the record approved as printed in Vol. XIV. of the transactions.

The secretary read his annual report, and commented upon the effect of the rule dropping members from the roll who were two years in arrears to auxiliary societies, and named several who came under the rule. Some of the parties had been notified several times; some had joined other organizations in other states, and some had removed, and their addresses were unknown to either the secretary of the state, or of the auxiliary society. The Western New York Society was reported as not having finished its organization, but will probably do so during the coming year. A full report was given of the means adopted by several of the members of the state society to prevent unfavorable legislation during the last session of the legislature. No bills unfavorable to our school of practice had been passed, and the necessity of keeping a constant watch upon the senate and assembly was strongly urged. The condition of the correspondence in reference to the appointment of a board of examiners from this society to confer the Regent's Degree, was presented. The secretary had received from societies, $105.00; for initiation fees, $100.00; for transactions, $157.25, and for members' dues, $2.00, making a total of $364.25. The permanent library contains 82 books of the transactions of this society. All copies of Vol. XII. have been sold. There remain 48 copies of Vol. XIII., and 122 copies of Vol. XIV. Of this number, 90 books have been delivered, leaving actually but 32

copies of Vol. XIV. in the secretary's possession. It was shown that the printing of the *Transactions* was as important a matter as the financial condition of the society, and, in fact, that one hinged upon the other. Every year that these books are printed it costs the society over $250.00 above the amount received from their sale. It was suggested that the *Transactions* be printed each year in pamphlet form, but limited in size. This would make the work less expensive, and it might be sold at its cost, besides, enabling us to circulate more literature, and the society to be whole in its investment.

Three members had died during the year, namely: Drs. C. C. Hopkins, E. T. Chaney and John Henry. The attention of the society was called to the fact that it is in debt, and as a means to liquidate this, it was urged that the society return to its plan used before 1874, of charging annual dues of three dollars to each member, and each society to pay a small annual fee.

The treasurer Dr. William Jones of Newburg, presented his annual report, showing the receipts for the year to have been $408.20, and the disbursements $327.71, with a balance in the treasury of $80.49. Both reports were received and tabled, and the money matters referred to a committee on finance consisting of Drs. R. E. Kunze and L. P. Grover. A discussion then followed upon the subject of medical legislation, which was participated in by Drs. G. W. Boskowitz, M. L. Filkins and R. A. Gunn. The finance committee reported favorably upon the accounts of the secretary and treasurer, and the society adopted the report. Recess to 2 o'clock.

### FIRST DAY; AFTERNOON SESSION.

A discussion upon legislation was continued. A committee on transactions was ordered, and the president appointed Drs. L. P. Glover, T. Cleland and J. F. Neefe. Drs. H. E. Hunt, J. M. Congreve and W. Jones were appointed a committee to express the sentiments of the society respecting the death of the members above mentioned. A nominating committee was appointed, consisting of D. A. Chase, M. D., of the Albany County Society; William Jones, M. D., Hudson River District Society; Phebe Low, M. D., Sullivan County Society; J. L. McKennon, M. D., Susquehanna District Society; Anna E. Park, M. D., West Side Society, and H. E. Hunt, M. D., New York City Society.

The amendment respecting dues was called, and upon motion its consideration was suspended until a report of the committee on *Transactions* was received. Dr. R. E. Kunze, of New York,

read an essay entitled "Serious Forebodings Regarding the Health of Mankind." Discussion followed. Dr. W. L. Tuttle, reported a case of talipes, with illustrations. A discussion followed upon the use of chloroform and ether.

The following was reported by the New York City Society:

"At a special meeting of the Eclectic Medical Society of the City of and County of New York, held on the evening of August 25th, 1885., a committee appointed to draft a vote of thanks to Professor George W. Boskowitz, Dean of the Eclectic Medical College, submitted the following preamble and resolutions, which were unanimously adopted:

Whereas, in his efficient defence of the Eclectic Medical College of the City of New York, Prof. George W. Boskowitz, dean of that institution, has rendered inestimable services to the cause of eclecticism in this state and in the eastern states, and

Whereas, the Eclectic Medical Society of the City and County of New York desires to place on record evidence of its appreciation of his labors, be it

*Resolved*, That the Eclectic Medical Society of the City and County of New York hereby tenders sincere thanks to Prof. Geo. W. Boskowitz for the untiring zeal and energy with which he effectually espoused the cause of the reform school of medicine in this state; and be it further

*Resolved*, That these resolutions be spread in full upon the minutes of the society, and a copy of them submitted to the Eclectic Medical Society of the State of New York, and to such medical journals as are in sympathy with the eclectic cause.

Signed: L. Davieson, M. D.
H. E. Hunt, M. D.
T. R. Kinget, Sr., M. D.
M. J. Jackson, M. D.
C. H. Fassin, M. D.
Committee.

The nature and object of the Mutual Aid Society, organized by some of the members of the National Eclectic Medical Association, was explained by Dr. Wilder, and members were asked to join the same. Upon motion, the president was authorized to appoint 15 delegates to the National Eclectic Medical Association, which meets at Atlanta, Ga., in June next. It was resolved that the secretary of the state society inform the secretaries of auxiliary societies by circular of any legislation threatening the rights of physicians. Recess till 8 o'clock.

At the evening session addresses were delivered on several interesting topics by Drs. H. Hunt, T. R. Kinget, Sr., R. A. Gunn, C. H. Yelvington and E. B. Foote.

SECOND DAY; MORNING SESSION.

The society convened at 10 o'clock, A. M., and it was, upon motion,

*Resolved*, That the members of the Eclectic Medical Society of the State of New York respectfully ask the legislature to re-enact the medical statute of 1844, which is the only legislation on medical subjects ever asked for or desired by the people of the state.

*Resolved*, That state medical boards and special acts to regulate the practice of medicine are in their inception designed to interfere with and destroy unlienable rights of persons, and tend to degrade citizenship, and destroy love of country among upright men; that governments of free people have never been instituted for such arbitrary purposes; and that we denounce as a contemplated outrage, the legislation prepared by the American Medical Association, for the creating of state boards with full power to dictate who may or who may not follow the practice of medicine, the members of such boards to be designated by state medical societies.

*Resolved*, That we disapprove of the medical statute said to have been enacted in 1880, which prohibits graduates of medicine from elsewhere, engaging in practice in New York, except their diplomas are endorsed by a dean of a college in this state, as being unjust in itself, a violation of comity between the states, and of the nature of a protective tariff in medical diplomas, as well as of doubtful constitutionality."

The committee on *Transactions* reported through the secretary, that the committee recommended the acceptance of the offer made by the Eclectic Publishing Company, proprietors of the *Medical Advocate*, that if that publication was made the official organ of the society and the society would agree not to print a volume of *Transactions* while the contract was in force, the proprietors of that journal would agree to print without charge, the proceedings, essays, and a synopsis of the several auxiliary societies. The subject was discussed at length by Drs. G. W. Boskowitz, W. L. Tuttle, R. A. Gunn, A. M. Lesser, T. Cleland, C. H. Yelvington, H. E. Hunt, A. E. Park and J. E. Danelson. A motion was offered to refer the matter to the publishing committee with power. This was lost, and the report was adopted. The following amendment to article IX. of the constitution was presented.

"Dues.—At each annual meeting of the society, each permanent member shall pay to the secretary three dollars as annual dues. Each member, upon payment of the annual dues,

or as soon thereafter as published, shall receive a copy of the transactions of the society. Any member failing to pay the dues for two years shall be notified of the delinquency, and if the amount due is not paid within three months, the name shall be dropped from the roll of membership. New members shall be exempt from the payment of dues for the first year. Auxiliary societies with a membership of fifteen or less shall pay the sum of five dollars as annual dues; where the membership exceeds fifteen, the amount of annual dues shall be ten dollars."

The motion to adopt was amended by substituting "one dollar" in place of "fifty cents" in article IX. as it now stands, and this amendment to the motion was adopted. This makes the per capita tax on members of auxiliaries one dollar instead of one-half dollar, as formerly. The treasurer was authorized by motion to pay ten dollars for rent of rooms during the convention. The nominating committee presented its report, and a motion was made to proceed to ballot, and Drs. Albert Fox and Wm. L. Tuttle were appointed tellers.

The following named persons were elected officers of the society for the ensuing year: President, Geo. W. Boskowitz, New York; Vice-President, M. Filkins, Albany; Recording Secretary, J. Edwin Danelson, Buffalo; Corresponding Secretary, Thomas Cleland, New York; Treasurer, William Jones, Newburg. Board of Censors:—A. Wilder; A. R. Tiel; S. Tuthill; L. O. Goetchius; J. A. Rega; T. L. Harris; J. C. Durgan; O. Davis, A. M. Lesser. Newburg was selected as the place of the next meeting, and the time was fixed at the first Wednesday and Thursday in October 1886. Dr. Thomas Cleland was elected a director of the Mutual Aid Society. Dr. George Archbald, of Oswego, was elected to honorary membership.

By resolution, Dr. Boskowitz was substituted for Dr. Danelson as a member of the Board of Examiners to confer the Regents Degree. The following were appointed delegates to the National Association:—M. L. Filkins; A. Fox; T. R. Kinget, Sr.; M. J. Jackson; A. W. Tompkins; F. C. Maxon; P. Low; D. K. McDonough; J. F. Neef; J. P. Nolan; E. M. Manwarren C. W. Parker; C. H. Yelvington; J. L. McKennon, and F. A. O'Hare. The members themselves were given the power of substitution, As a legislative committee, the society appointed the officers of the society. An advisory committee was appointed by the president, and consists of Samuel Tuthill, B. J. Stow and A. Fox. Dr. Stow of Brooklyn made a few remarks, after which the society adjourned.

## SELECTIONS.

### *THE TREATMENT OF ERYSIPELAS.*

The treatment of what has usually been termed idiopathic facial erysipelas is of interest both on account of the frequency of the disease and the failure in many cases of the usual means to control it. Many authorities firmly believe in the malarial origin of this disease, and hence quinine, when combined with the tincture of the chloride of iron, occupies a leading place as an internal remedy in the abortive treatment of erysipelas. But the local symptoms, relief of the burning pain, limiting the extension of the disease, and thus preventing invasion of important organs, require prompt and constant attention. Dr. Daniel Lewis *Journal Cutaneous and Venereal Diseases*, September, 1885) condemns the use of the old lead and opium wash as a vile smelling and appearing preparation, and one which he believes to be very little more efficacious than plain cold water. He further believes that the solution of carbolic acid and oleic acid, in the proportion of 1 part to 8, as proposed by Dr. Jacobi, has also the disadvantage of causing considerable irritation of the healthy skin, besides being extremely disagreeable to the patients. Dr. Lewis believes that the object to be aimed at is the use of some dressing which will combine compression of the part together with exclusion of air, and while collodion fills this indication, ordinary white-lead paint is in his opinion much more satisfactory. The method of employing this treatment is to paint the parts thoroughly with white-lead paint, dressing the wound, if there be any, by cotton-wool saturated with boro-glyceride. The pure white lead of the shops is likely to dry too slowly, and it is therefore advisable to add some "dryer" as in ordinary painting, which in no way changes the effect of the application.

The paint should be thicker than for ordinary use; when desquamation begins it peels off readily, even when applied to the head. Dr. Lewis states that he has frequently employed this mode of treatment, and that it serves at once to relieve the burning pain; recovery often takes place with a single application. It is equally applicable to idiopathic and traumatic erysipelas, and even in hospital cases.—*Therapeutic Gazette.*

### *LAMP EXPLOSION.*

An unhappy illustration of the danger attending the too common practice of blowing down the chimney of a partially filled oil-lamp, to extinguish the flame, has been afforded at

Sedgley, where a married woman named Maria Lloyd met with a shocking death through endeavoring to extinguish a paraffin-lamp in this way. The lamp exploded, and ignited her clothing, and also that of her husband. The woman died after undergoing great agony. At the inquest on the body, a verdict of accidental death was returned. We recently called attention in these columns to the precautions which Sir Frederick Abel recommends to be observed, which would certainly have the effect of reducing, if they did not altogether remove, the risk of accidents attending the use of petroleum and paraffin oils. In order to safely extinguish an explosive lamp, it was pointed out that the flame should be lowered until only a flicker is visible, when the mouth should be brought to a level with the top of the chimney, and a sharp puff of breath projected across the opening. Had that plan been adopted in the present instance, there is little doubt that the accident, which in one case has been attended with fatal consequences, would never have occurred.—*Brit. Med. Jour.—The Medical Analectic.*

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## *FERRAN'S STATISTICS OF CHOLERA INOCULATION.*

We have received a small pamphlet purporting to be the first series of statistics concerning the effects of the so-called preventive inoculation of Asiatic cholera. It contains reports from seven towns in Spain in which the cholera was prevalent during the past summer, and covers a period of about three months from the middle of May to August 10th. The reports are certified to by the local physicians, the alcade, or mayor, and, in most cases, also by the municipal judge and the parish priest, and have, furthermore, a notarial certification. They would seem, therefore, to be both official and authentic, and are undoubtedly as nearly correct as statistics gathered in times of panic and general distress can be. The seven towns are Alberique, Alcira, Benifayo, Cattaroja, Cheste, Chiva, and Masanasa, with an aggregate population of 41,641. The tables give the number of invasions and of deaths among the inoculated, the re-inoculated and the uninoculated. The statistics of the re-inoculated, however, are not complete, as the decree making it illegal for anyone but Ferran himself to practice the experiment rendered it impossible in most cases to inoculate the second time. It will be remembered that Ferran asserts that the second or "massive" inoculation will assure certain immunity to the subject. But from the few figures presented it would seem that this claim is not borne out by facts, for in Alcira there were

55 invasions, with 9 deaths among the 8,830 individuals who were re-inoculated.

But it is in the effects of primary inoculation that we are chiefly interested, for if every inhabitant of a city like New York must be inoculated twice before he is protected from cholera, the epidemic would wear itself out or be killed by frost before the physicians would have finished their work. In the tables before us we find that out of a total of 41,641 inhabitants, 20,382 were inoculated by Ferran or his assistants, leaving 21,259 who could not or would not avail themselves of the protection offered them. Of the latter number, 1,584 (or 7.45 per cent.) were attacked by the disease, and of these 824 (or 52.02 per cent.) died. Of the 20,382 inoculated, only 232 (or 1.13 per cent.) were attacked, and of these 75 (or 32.33 per cent.) died. These figures do certainly seem to point strongly to the efficacy of inoculation as a preservative measure, especially when we consider that the experiment is a new one, and Ferran cannot be supposed to have been as skilful in his early operations as he might claim to be after having had more experience; and, furthermore, it might reasonably be asserted that when inoculations were practised in such a wholesale way (as in Alberique, for instance, where 594 of the inhabitants were inoculated in one day), many would fail to "take," and then, if one of these individuals acquired cholera, a mark would be scored against the method.

But there are other points to be taken into consideration. Fear, as is well known, is a potent factor in predisposing to cholera, and the feeling of security resulting from having undergone the operation may have conduced to the immunity enjoyed by the inoculated. Again, the statistics before us embrace only seven small towns, in none of which, Alcira excepted, was there a population of six thousand souls, and it may be that the reports from other places will be less favorable. As Ferran, in his preface to the pamphlet, truly says, if it were a question of the efficacy of some new remedy these figures would be accepted without hesitation, and physicians the world over would at once adopt the method of treatment in their practice with every confidence of success. But the weight of evidence needed to establish any theory as a fact varies greatly according to the antecedent probability or improbability of the theory. Now the theory of preventive inoculation of cholera is antecedently improbable and is so regarded by nearly every scientific man whose opinion carries weight and who has studied the subject at all, and the testimony in its favor must, therefore, be overwhelming in order to be convincing. We do not think that Ferran has

yet proved his theory to be a fact. We wish he had, but he hasn't, and we fear he must produce stronger figures than these before he can obtain the coveted prize which awaits the discoverer of a means of preventing cholera.—*Medical Record.*

## *SELTZER WATER INJECTIONS IN INTUSSUSCEPTION.*

Since the injection of both water and gas have been successfully used in the treatment of cases of intussusception, Dr. E. E. Beach (*New Orleans Med. and Surg. Jour.*, September, 1885) employed them together in the treatment of two such cases by injections of seltzer water into the bowels. His method was to attach the rubber pipe of a Davidson's syringe, after having removed the metal part of the suction end, to the nozzle of the seltzer bottle or siphon. The pipe was then introduced into the rectum, and the valve of the seltzer-bottle opened, taking care not to suddenly distend the bowels. After letting water pass in, he allowed time for the gas to be evolved from the fluid injected. In one case, that of a boy 8 years of age, in whom all the symptoms of intussusception were present, injections were made until the child vomited. As the tube was withdrawn from the rectum quite a burst of gas escaped with the water, and the patient then rested quietly and easily, and the lump, which was previously detected in the abdomen had disappeared. Laudanum was then given in sufficient quantity to insure quiet, and the abdomen was covered with a poultice of flaxseed. The patient did well for the next three days, when he had a natural evacuation from the bowels. He also reports a case of an infant, 6 weeks old, in whom he diagnosed intussusception of the bowels, and in whom the symptoms were relieved by similar procedure.—*Therapeutic Gazette.*

## *HOW TO PREVENT LACERATION OF THE PERINEUM DURING PARTURITION.*

It would be wearisome to the writer, and unprofitable to the intelligent reader, to rehearse the standard and periodical literature treating of this very unsettled question, hence we forbear.

If Barnes' rubber dilators be used, as we will briefly direct, laceration of the perineum can be prevented in almost all cases of parturition; indeed, we have never known this means to fail in a single case to save the perineum, in quite a number of years of practice.

Of course, laceration occurs in only a certain proportion of

cases, even where nature is left to take care of herself. It is our invariable rule, in all cases where the condition of the parts would indicate even a distant probability of a perineal laceration, to begin early in the labor, to dilate the vagina slowly and gradually, but very thoroughly, by introducing into the vagina Barnes' dilator, largest size, well lubricated with tar soap, then slowly pump warm water into the dilator until patient begins to complain of the distention of the vagina, wait five to ten minutes, then pump in a little more warm water, and so on until the dilator is as large as the patient can conveniently bear, and after leaving the distended dilator in situ for about thirty minutes, then allow the water to flow out of the dilator, remove it, and if the labor is not rapidly progressing, permit the patient to rest fifteen to thirty minutes, then repeat the same dilating process, and so continue to repeat until the largest size Barnes' dilator, fully distended with warm water, will pass out through the vagina, and the parts become soft and yielding. Now, the dilatability of the os uteri should be attended to, and if there is no contra-indication, and the labor does not progress as it should, the os uteri should also be gradually and slowly, but thoroughly, dilated, beginning with small dilator and increase to largest size.

It is readily apparent to any one that the warm, soft, elastic lubricated rubber dilator, is the most gentle and safe means that could be devised for preparing the vagina, perineum, and other soft parts, for the easy and safe passage of the fœtus, without injury to the mother or child.

We would mention, en passant, that as parturient drugs, the following are some of our favorites: For abating pain, allaying nervousness, we use hydrate chloral, bromide sodium and ipecac; as a uterine and general tonic, use quinine; as a constitutional hæmostatic, use ergot with tinct. cinnamon and Fowler's solution. For quickly acting hæmostatic, use sclerotinic acid, hypodermically, half grain every fifteen to thirty minutes, until uterine bleeding ceases. As local styptic, we prefer phenol sodique; as a disinfectant, we use listerine.—Dr. Q. C. Smith, in *New England Medical Monthly*.

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## *ERGOT AS A REMEDY FOR HICCOUGH.*

Dr. E. Bonavia of the British Indian Medical Department, in a short communication to the *Lancet*, after mentioning the usefulness of ergot in various hemorrhages, says: "Very few, however, may have heard that ergot will cure hiccough. Last autumn there was in this district an extensive epidemic of inter-

mittent fever. The police hospital was full of fever cases. One day a policeman was admitted with an obstinate hiccough. He said he had had it for some days, and had no other ailment. I tried many remedies—sedatives, narcotics, anti-spasmodics, and counter-irritants. I examined his body to see whether there might not be some latent hernia in any part which might be the cause of it, but found nothing. I gave him a large anti-spasmodic enema, and then a strong purgative. The hiccough went on. I next tried chloroform and subcutaneous injections. As long as their effects lasted, freedom from the distressing spasm was experienced. Then it came on again with unabated force. The patient began rejecting his food and every thing he took by the mouth. The case was taking a serious aspect, and I thought death would ensue. As a last resource I ordered the liquid extract of ergot in drachm doses. I did this simply because I knew it had a decided action on muscular fibre. The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned. Three or four doses stopped it again; it never returned and the man was well.—*N. Y. Med. Jour.—The Med. Analectic.*

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## *A PLEA FOR TRACHEOTOMY IN CROUP.*

The operation itself should be placed among the minor surgical operations, so as to popularize it, and thus save life by encouraging timely resort to it. Tracheotomy requires coolness and caution on the part of the surgeon. Trousseau says that the operation "is more delicate than difficult." Bretonneau does not speak of it as dangerous. West says that, in itself it "is not attended by serious hazard." Dr. Mastin does not consider it as surrounded by any "particular danger." Do not, therefore, alarm the patient's friends by speaking of it as a last hope or a final resource. The isthmus of the thyroid gland even has been divided with impunity. When it has been decided that a positive obstruction to the entrance of air to the lungs exists, do not delay in removing it. Do not let secondary complications occur. In the majority of cases of croup, the patient dies for want of oxygen and from consequent exhaustion of the nervous forces. The earlier the operation is performed, the greater are the chances of success. When the disease is steadily progressing, and is unaffected by medical treatment, tracheotomize. When retraction of the epigastrium and intercostal spaces develop, and supra-clavicular depression occurs during respiration, with or without cyanosis, *any* delay is dangerous. "It is

a clinical fact that in a large number of cases, the extension of the disease is arrested by the operation." Besides, the admission of air into the lungs through an artificial opening in the windpipe secures entire rest for the diseased larynx, and this leads to a suspension of diseased action there. Further, the diphtheritic process itself stops at the level of the vocal cords much more commonly than is generally supposed. Tracheotomy does not add one element of danger to the original disease. Even operate though the child may have ceased to breathe, if life is not extinct, and perform artificial respiration, for many children have been saved under such circumstances.—*Virginia Med. Monthly.*

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## *THE CURATIVE TREATMENT OF ASTHMA.*

The Paris correspondent of the *Lancet* says that according to Professor Germain See, the only curative means against nervo-pulmonary asthma is "iodo-therapy"—that is, ioduration of the lungs and of the nervous respiratory system. But this method is not always tolerated, and patients are often induced to resort to the empirical remedies in vogue, all based on the combustion of certain substances and the inhalation of vapors thus produced. These vapors always contain a special substance to which the name of "pyridine" has been given. This substance is met with in all the products of the dry distillation of organic matters, of coal tar, of the principal alkaloids, in the fumes of tobacco, in nicotine, and in the animal oil of Dippel, from which it is ordinarily extracted. It is a colorless liquid, very volatile, of a strong, penetrating odor, miscible with water in all proportions, forming, with mineral acids, soluble bases, but unstable. Professor See endeavored to determine, experimentally, the physiological effects on patients suffering from asthma and from disease of the heart. The following are the conclusions of his work on the subject, which he lately presented to the Academy of Sciences:—1. Whatever the form or origin of asthma, ioduration constitutes the veritable curative method. When iodism intervenes, pyridine should be resorted to but only during the fits. It is the best palliative, whereas iodine is the most efficacious remedy. 2. Pyridine is superior to the injection of morphine; its action is more durable and much more inoffensive. 3. In simple nervo-pulmonary asthma the fits cease completely. When the asthma is complicated with permanent pulmonary lesions, the duration of the treatment should be continued beyond eight or ten days to ensure relief. In cardiac asthma, with or without renal and dropsical complications, pyridine would render the greatest service in

combating the most persistent and painful of the phenomena which accompany heart disease. The best mode of administering pyridine consists in pouring four or five grammes on to a plate, which is placed in a closed room, containing about twenty-five cubic metres of air. The patient, placed in the corner of the room, breathes the air impregnated with the vapors of pyridine. This treatment should be repeated for about twenty minutes three times a day. The absorption is immediate, and the pyridine can at once be detected in the urine.—*Med. and Surg. Reporter.*

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## *A PAINLESS METHOD OF INTRODUCING THE CATHETER.*

In your issue of August 15 you refer to an article in the *Medical and Surgical Reporter*, by Dr. John A. Stamps, entitled "An almost Painless Method of Introducing the Catheter." Permit me to suggest a *quite* painless method.

My plan is the spurting of a few drops of a four per cent. solution of cocaine mur. into the mouth of the urethra, and allowing it to seek the deeper parts of the canal by gravitation. This can be accomplished with an ordinary medicine-dropper, the point of which has previously been glazed by holding in the flame of a spirit-lamp.

By this simple method of producing local anæsthesia I have been enabled not only to painlessly catheterize my patients, but in four cases perform internal urethrotomy, and carry out the after-treatment, viz., the daily introduction of a full-size sound, without causing any pain whatever.—J. H. Berst, M. D., in *Therapeutic Gazette.*

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## *EPILEPSY.*

In cases of epilepsy due to functional derangement, says Dr. J. J. Caldwell, where there are no permanent lesions, secondary changes or morbid growths, I believe the combination of atropine with the bromides administered at bed time almost a specific. (I name this time of administration because during sleep the physiological effects of atropine—dilated pupils, giddy sensations, etc.—will not inconvenience the patient during sleep, and will have passed off by morning.) The nitro-glycerine will co-ordinate the nerve centres during the day. Most of the epileptic and epileptiform troubles in the case at present in mind, originate from gastric and enteric irritations, thus showing the lesion or disturbances to be greatly confined to the sympathetic

# CHEKEN.

## (Myrtus Chekan.)

### A Valuable Adjuvant in the Treatment of Chronic Bronchial Affections of an Inflammatory or Catarrhal Nature.

This plant indigenous to Chili, was introduced to the profession by Dr. Murrell, the famous English therapeutist and collaborator of Ringer. Dr. Murrell found Cheken to be of great value in chronic cough especially in the "winter cough" of elderly people.

An entensive trial of this remedy has not only confirmed Dr. Murrell's observations but has widened the range of the therapeutic application of Cheken so that at the present time it is looked upon on account of its alterative and demulcent properties as an indispensable addition to "cough mixtures," particularly in those intractable cases of long standing which have assumed a subacute or chronic course. The dose of the fluid extract which we manufacture is from one to two fluid drachms.

☞Send for Working Bulletin containing a scientific history of the plant and clinical reports of its application in medical practice.

# LIPPIA MEXICANA.

### A Remedy for Coughs due to Catarrhal Inflammations of the Respiratory Tract.

In its native habitat this remedy was long known to possess medicinal virtue in the treatment of coughs. Its popular use led to a scientific investigation of its claims which has resulted in its general introduction to the medical profession, and a clinical test of its merits by physicians has confirmed the popular opinion of its value.

☞Send for Working Bulletin on Lippia Mexicana should you desire to investigate the drug.

# YERBA REUMA.

## (Frankenia Grandifolia.)

### An Astringent and Alterative in Catarrh of the Naso-Pharynx in Vaginal Leucorrhoea and in Chronic Catarrhal Inflammations in General.

This remedy has been employed both internally and topically in a variety of catarrhal affections with results which justify its extensive trial by physicians.

Clinical reports of its employment in medical practice have been collected in a Working Bulletin which we shall be pleased to mail on application to all those interested in trying Yerba Reuma in their practice.

PARKE, DAVIS & CO.,
Manufacturing Chemists, - DETROIT, MICH.
NEW YORK: 60 Maiden Lane and 21 Liberty Street.

# EUPHORBIA PILULIFERA.

## For the Relief of Spasmodic Asthma and Asthma Complicating Bronchitis.

There are certain conditions of disease which, although their cause and method of production are well known, persist in spite of the skill of the physician and often prove intractable to all forms of treatment. Asthma is one of these. Innumerable remedies have been tried for its relief, but few have been proven to be possessed of any therapeutic efficacy.

Euphorbia Pilulifera, the latest aspirant for professional favor has, however, after careful trial clearly demonstrated that it possesses anti-spasmodic, tonic and slightly narcotic properties, which better than any agent before presented meet the indications for treatment in asthma. Our preparation of this drug is made with great care, and reports of its medicinal efficacy already received warrant us in soliciting a further trial of the drug and reports of results obtained.

☞Descriptive circulars and samples furnished on application.

# YERBA SANTA.

(ERIODYCTION CALIFORNICUM.)

**A Demulcent Expectorant in Harrassing Cough and in all Inflammatory Irritations of the Respiratory Tract.**

Both in hospital and private practice this remedy has been subjected to a thorough trial, and the reports of its use are unanimous in according it a place among remedial agents unequalled by any other in the treatment of the distressing cough accompanying inflammatory affections of the respiratory mucous membrane. Its action has been likened to the combined action of ipecac and balsam of Peru, but it possesses, in addition, through its resinous principles, an action which is wanting in these valuable drugs in irritative bronchitis.

## AROMATIC SYRUP OF YERBA SANTA.

### QUININE RENDERED TASTELESS

Yerba Santa possesses the property of concealing the taste of quinine and we have prepared a syrup of Yerba Santa and certain aromatics, formula for which we publish in full, which has become very popular with all who have employed it as a vehicle for the administration of the bitter alkaloid and its salts.

☞Send for pamphlet containing clinical reports of the use of Yerba Santa as an expectorant and as a vehicle.

# PARKE, DAVIS & CO.,

*Manufacturing Chemists, DETROIT, MICH.*

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and pneumogastric centres. There is no one remedy that so specially and manifestly addresses itself, in my opinion, to these trophic centres, as atropine, and the same may be said of nitro-glycerine, in its exhibition in the manifold disturbances due to hyperæmia or anæmia of the brain centres. The bromides may be considered the great co-ordinators and supporters of peripheral disturbances. Thus, in the three remedies, we have a combination physiologically and theoretically indicated in the co-ordination of the entire nervous system—a system that may be considered a unit, still subject to local and special actions, as many remedies have shown and will indicate. The foregoing, with many other cases that could be mentioned, are practical illustrations of the proof of the above theory and the benefits of the combination of the three drugs in the treatment of these epileptic cases. In many cases I might mention from experience, reports, etc., where bromides, alone or in other combinations, have had a great effect in the suppression or control of epilepsy, they yet do not afford, in my opinion, the brilliant results obtained from the bromides combined with atropine, followed up by the nitro-glycerine treatment. In this connection, I may say that many of the manifestations of persistent spermatorrhœa have borne a close analogy to the behavior of epilepsy and epileptoids, particularly as to their periodicity, incubation and explosive tendencies, as well as the nervous phenomena, such as pallor, melancholy and stubborn resistance to all ordinary treatment and the kindly manner in which they yield to the above epileptic treatment, galvanism and other neurotic remedies, as the report of clinical cases will indicate.—*N. Y. Medical Times.*

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## *MISS PARLOA'S DIRECTIONS FOR MAKING GRUEL.*

"To make flour gruel properly, you use one quart of milk, three tablespoonfuls of flour, and a teaspoonful of salt. Pour all the milk, except a cupful, into a double boiler. Mix the flour with the milk you reserved, and stir it into the boiling milk and let it cook thirty minutes, putting in the salt ten minutes before it is done. The longer milk cooks the more laxative it is. If you wish to make the gruel especially nutritious, cook half a cupful of raisins cut in two in the milk during the entire time. This drink is very stimulating, and is often given in place of wine to patients. In Indian-meal gruel the meal must always be well cooked, an hour or two being usually required. But it is better to use the very fine meal now in use rather than that

milled by the old process, and always, when needed quickly, put it into boiling water at once. To make this gruel, take one quart of boiling water, two tablespoonfuls of medium meal, one tablespoonful of flour, one teaspoonful of salt; mix the meal, etc., with a half cup of cold water, and pour into boiler. Stir while it is cooking and cook not less than thirty minutes. Always keep the saucepan covered."—*Medical and Surgical Reporter.*

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## *AROUND THE WORLD IN EIGHTY DAYS.*

A PROMINENT business man of Oakland, while indulging in a hearty laugh a few weeks ago, swallowed a partial set of artificial teeth consisting of eight grinders and rubber plate. One of the one hundred and eighty physicians of the town, we are not informed who, urged the body onward from the lower portion of the œsophagus, where it lodged, into the stomach, where it seemed to adapt itself to circumstances as kindly as could have been expected.

Knowing ones, however, saw visions of gastrotomy, of undertakers and crape; but the principal, priding himself on a constitution of Teutonic origin, not to be disturbed by trifles, pursued the even tenor of his way, and employed a dentist to construct a new set of masticators with all the latest improvements. These he employed in the place of those lost but not forgotten.

The sequel has been an insult to surgical principles and experiences. They were not lost but gone behind. In other words, they came back to America by the way of the lower strait, weathering the difficult passage of pylorus, the intricate channel of duodenum, jejunum and ileum, the sharp curve of ileo-cœcum, and the more easy passage of cœcum and rectum.

Rumor hath it that the gentleman prefers the new set in spite of old associationship.—*Cal. Med. Journal.—Phys. and Surg. Investigator.*

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## *ABOUT ANÆSTHETICS; HOW TO SELECT THE PROPER ONE.*

ARE not the following points of summary as to anæsthetics found in the *Canadian Practitioner* really sensible? Here in Boston, we are in a bag of exclusiveness with the string tied. Ether was first applied here, therefore, it is only ether we may use. To my mind this *Canadian* has the most practical views on the subject. He directs:

In ordinary operations give ether, or ether two parts and chloroform one.

When there is kidney disease or a tendency to bronchitis, give chloroform.

To young children, give chloroform.

When an anæsthetic is required in ordinary labor, give chloroform; but when there is much exhaustion, great fear, or when operations are required, give ether.

Position goes far to determine the choice of the anæsthetic. Ether can be given in any position; but chloroform rarely except in the horizontal, hence its general unfitness for dental operations, except on small children. The noted tendency to syncope in young men with whitlows forbids the use of chloroform for such operations. Young women do not so readily faint, hence the less danger in like cases with them.

Following Boston notions, I gave ether to a case of ordinary confinement and prolonged the labor and lost the child. Another lady to whom I had promised to give ether if she suffered much—was judge of her sufferings and demanded the ether. Her case which bid fair to be through within an hour, was prolonged five hours and followed by much hemorrhage. Chloroform has not served me so. In both the above cases the pains were decidedly weakened. They have not been perceptibly weakened in any case in which I have given the chloroform for partial anæsthesia only, and this is enough, except when full anæsthesia, is to be produced, then ether is to take its place.

Where persons cannot, or dread to take gas or ether for the extraction of inflamed incisors and canines, a good way is to take a strip of cotton one-third inch wide and an inch to an inch and-a-half long, and wet it with a few drops of chloroform, lay it over the tooth down on each side over the gum, with a strip of flannel over it, and hold between the thumb and fore finger for a few moments. The tooth can then be quite painlessly extracted. There is little danger in this, yet the only patient which I liked to have killed with chloroform, was being treated in this way. The inhalation of the small amount of vapor thus escaping, by the stout but asthmatic lady, gave me a great fright. It is plain what the results would have been in her case, had an attempt been made to give the chloroform in the ordinary way. It is certain that there are some persons to whom the least particle of chloroform is exceedingly dangerous. But the observance of the above suggestions will mainly guide us safely. If so, the proper use of chloroform has some great advantages over ether.

Many, and many a time did I give chloroform for the

extraction of teeth thirty years ago. Administering it slowly with plenty of air, the patient would signify his readiness for the operation by opening his mouth, when the tooth could be extracted without pain, and the patient, who had not fully lost his consciousness, would be instantly out of the effects. But, beautiful and convenient as are its effects in the nine hundred and ninety-nine such cases, the thousandth takes all the glory off.—Dr. E. Chenery, in *New Eng. Med. Monthly.*

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## *TREATMENT OF HEMORRHOIDS BY INJECTION.*

Let me now state a few general facts. After an experience which I consider amply large for a fair test of this plan, it has become my routine practice. I no longer advise a patient first to be operated upon, and then adopt injections when he or she has refused, as was my former practice; but I advise this from the first, and promise a painless, radical cure in a few weeks without confinement to the house. This point of confidence was not reached without many misgivings. I had the benefit of nobody's former experience, and had to reach my own conclusions by trials on carefully selected cases. In all my cases I never have known a patient abandon the treatment after it was begun but once or twice. In one of my early cases (I think the third in which I practiced it) the gentleman suffered more from the first injection than he ever had from his piles, which were really very insignificant; and having an intercurrent attack of malaria, abandoned the idea of being cured.

In another (an hysterical servant girl) there was terrible imaginary agony before I was able to make an injection at all, but after it was made she announced that the pain was really trifling. In one other case, a man began the treatment and disappeared after the first injection, but probably because of a sudden call to the West, which he warned me might come at any time. One case, therefore, refused to continue the treatment on account of pain, and two disappeared after the first injection for some unknown reason. These are the only ones in my experience who, after the first injection, were not anxious to continue till cured, and were not under observation to the end.

In all of my cases I have never failed to effect a perfectly satisfactory cure—one which I consider as radical as by any other method of treatment. Many of them have been under observation four years since the cessation of the treatment with no return of symptoms. If in any case there has been a return I have failed to hear of it, and as I have been particularly

anxious on this point, and have offered every inducement for the patient to return, I should probably have heard from some of them.

In no case have I had an accident of serious nature. Never any signs of emblous; never any serious sloughing or inflammation; no trace of pyæmia or hemorrhage. The injections which I use varying from the pure carbolic acid to a ten-per-cent. solution of the same, often cause a slough; but the amount of sloughing has always been in direct proportion to the strength and quantity of the injection; can be regulated at will; and has never been of sufficient extent to cause the slightest mental uneasiness. In some cases I deliberately cause a slough each time I make an injection; in others I carefully avoid a slough. Either can be done at will.

There has never been any constitutional disturbance, any retention of urine, any febrile reaction, or any of the usual symptoms following either the operation with the ligature or the clamp; and I have never been troubled by a wound after the separation of the slough which has required any additional treatment to induce it to heal.

There is one more point. In my experiments on this subject I have tried iron, ergot, and ergotine, and have abandoned them all. In cases even of severe prolapse, I prefer to inject carbolic acid into the tumor rather than ergotine around the tumor. It causes less pain, and is more reliable. The strength of the solution of carbolic acid varies greatly. I have three solutions constantly ready, one of fifteen per cent., one of thirty-three, one of fifty, and sometimes use the pure acid. In a severe case I begin with the stronger ones, in a mild case with the weaker. A bad case of well defined, prolapsing internal hemorrhoids, is much better to treat than a mild case of small tumors near the sphincter. It is unnecessary to repeat what I have already written (see work on Diseases of the Rectum and Anus) as to the practical details of the treatment. One object in writing this is to answer numerous letters from practitioners to know whether I am still satisfied with it and continue to recommend it.—Kelsey, in *American Jour. Med. Sciences.*—*Eclectic Med. Journal.*

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## *THE NUX VOMICA TREATMENT OF DELIRIUM TREMENS.*

The differentiation between the delirium of acute and chronic alcoholism is easily made. The former is the condition commonly known as *mania-a-potu*, and is practically a form of acute

cerebral hyperæmia. It is due to the direct action of alcohol upon the brain and vascular system of a person who has not become habituated to the use of intoxicating liquors. It is usually observed in young subjects of a nervous temperament who have been drinking heavily for a few days, after a prolonged period of abstinence. In some who are especially susceptible it may supervene after a debauch of only a few hours' duration. It is characterized by a flushed face, injected conjunctivæ, bounding pulse, and throbbing carotids. The delirium is more violent than in the chronic form, and the patient can with difficulty be restrained from inflicting injury upon those around him.

The treatment consists in removing the cause and diminishing the cerebral hyperæmia. No more alcohol must be allowed in any shape or form. Opium is also contra-indicated, but the bromide of sodium or potassium in half drachm doses every hour may be relied upon as an invaluable sedative. In addition, the cold douche or an ice-bag should be applied to the head, and a double seidlitz powder given every hour until the bowels have been freely moved. If the stomach be full, an emetic of ipecacuanha or apormorphia should precede all other medication.

Chronic alcoholic delirium, or delirium tremens is only found in old drunkards after an unusually long debauch, or in a debauch of ordinary length, but during which the stomach has become so disordered that little or no food can be retained or assimilated. In some cases the patient loses all desire for drink as well as for food, and when the delirium is developed in a day or two, his friends ascribe it to the sudden stoppage of the alcohol. This is an error, however. The delirium in all cases of chronic alcoholism is symptomatic of exhaustion, it is true, but it is also symptomatic of the disturbing influence of the alcoholic poison upon the cerebral gray matter, and neither normal digestion nor rational cerebration can be re-established until the greater portion of the alcohol in the system has been eliminated, or its action neutralized by appropriate remedies.

The cerebral congestion which is present in these cases is passive in character. The pulse is rapid but feeble, the tongue is often heavily coated, the hands and feet are cold, and the face becomes pale and anxious. All the symptoms are those of depression, and the patient, instead of endeavoring to injure those around him, implores them to protect him from the objects by which he imagines he is surrounded.

At one time all cases of delirium tremens were treated by large doses of opium or chloral, under the mistaken idea that the delirium was due to over-excitation, and that sleep was the

desideratum which must be secured. Under this treatment sleep was often obtained, but in many cases it was the sleep from which there was no waking. It is now known that the delirium is due to exhaustion, and that if the patient's strength can be restored by suitable aliment, natural sleep will follow as soon as the alcohol is eliminated from the system. Consequently hot coffee and beef-tea occupy a prominent place in all the plans of treatment now in vogue. Medicinally, chloral and the bromides are the agents most frequently employed, and they undoubtedly are beneficial.

Quicker and better results, however, can be obtained from the administration of nux vomica or its alkaloid, strychnia. The value of either of these in overcoming the gastric disturbance and nervous prostration which remain after the delirium subsides has long been known, but their still greater value in preventing or aborting the delirium is not sufficiently appreciated. Our attention was first drawn to their efficiency in this respect by an article written in 1875 by Dr. H. C. Morey, in the *Pacific Medical Journal*, in which he related the case of a drunkard, who, after a protracted debauch, was accustomed to sober himself up by taking several grains of strychnia at one dose.

Since then we have given nux vomica in a number of cases of chronic alcoholism, in which delirium was either present or impending, and with uniformly gratifying results. The treatment in each case was begun by the administration of a bottle of citrate of magnesia. If this was rejected by the stomach another was given in a few minutes. The patient was then directed to take a small cup of coffee or beef-tea every hour, and also ten drops of the tincture of nux vomica every hour for six hours. At the end of that time the delirium was either much diminished or completely relieved, the nervousness and trembling no longer existed, and the patient was able to sit up and talk in a rational manner. The dose of nux vomica was then lessened to five drops every two or three hours, but no effort was made to procure sleep for twenty-four hours. Then, if there were no cardiac counter-indications, a quarter of a grain of morphia was given, and repeated in an hour if necessary. In cases complicated by valvular disease, or probable atheroma, sleep can be safely obtained by the administration every two hours of thirty grains of bromide of sodium and fifteen drops of the tincture of digitalis.

The essential part of the treatment, however, and to which we especially desire to call attention, is the employment of nux vomica early in the case as a direct physiological antidote to the alcohol. Its value is due to the fact that it is an excito-motor,

while alcohol is a motor-depressant. Larger doses than those mentioned may be given, if required. In a case recently reported by M. Lardier in the *Journal de Medicine*, the patient, after taking small amounts of strychnia without effect, rapidly improved when given twelve grains in one day. This heroic dose will, however, rarely be found necessary.—*Med. Bulletin.*

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## *A NEW METHOD OF GIVING A BATH IN TYPHOID FEVER.*

As is well known, the great difficulty in the use of the bath in fevers is the trouble which is involved in moving the patient in and out of the bath-tub. The following simple device will in great part remedy this trouble, and also save necessity of providing a portable bath-tub. The canvas of an ordinary bed-cot is to be made three or four inches wider than it is ordinarily arranged, and a board nailed at each end so as to hold the cot permanently open and project above it several inches in the form of a head-board or foot-board. This cot is then arranged alongside of the bed of the patient, so as to be on a level with the bed, and at the same time firm. Over it is spread an india-rubber cloth, sufficiently large to cover it entirely and to fall above and below, over the head-board and foot-board. The patient, wrapped in a sheet, is then slipped on to the cot; of course, the canvas sags down, and when water is poured over the sheet the man lies half immersed in a pool. If the attendant is provided with two tubs, one containing water and one empty, and also with a large bathing-sponge, the water in this pool, heated by the body, can be removed by means of the sponge, and fresh cold water soused over the body enveloped in the sheet. In this way the water—lying continually between the sheet and the body, as well as saturating the sheet—so envelopes the person that the effect of a cold bath can be achieved, and I have seen very rapid reduction of obstinate high temperatures. If the bed upon which the patient lies be a very wide one, instead of a cot being used the mattress can be so arranged on one side as to sag down sufficiently to form a hollow for the pool, and in this way the bath be given.

I notice that Stephan, of St. Petersburg, affirms that the application of ice-bags over the super-clavicular regions is sufficient to control the temperature in fever, owing to the fact that the cold is brought into close contact with much of the blood of the body by the large superficial veins of the neck. I have had no experience, however, of this method of reducing temperature, but it is worthy of a trial; especially as it seems to

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| Distilled Water | 35 " |
| Soluble Pancreatin | 5 Grains. |
| Soda | ⅓ " |
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**DOSE:**

Two teaspoonfuls alone, or with twice the quantity of water to be taken thrice daily after meals.

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NON-ALCOHOLIC. NON-RESINOUS.
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BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | |
|---|---|---|---|
| Approximate Solubility in Cold Water, | - - - - - | 2 1-2 gr. | to 1 oz. |
| " " " Hot Water, | - - - - - | 12 | " 1 oz. |
| " " " Alcohol, | - - - - - | 3-4 | " 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - grs. x.
Mucilage Aciaca, - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - oz. iv.

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr.
Podophyllin, - - - - - - 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

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## Extract of Malt, (New Process.)—Merrell.

Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Officinal Fluid Extract is not admissible.

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be safer to reduce temperature in low fever by external cold than by our at present known depressant antipyretic drugs.—H. C. Wood, M. D., in *Therapeutic Gazette.—Pacific Med. and Surg. Journal.*

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## *THE CAUSES AND PREVENTION OF INSANITY.*

The causes and prevention of insanity (says Dr. D. Yellowlaus before the *British Medical Association*) may well be considered together, for prevention can be intelligent and effective only in proportion as the causes are accurately ascertained and wisely avoided.

While we are quite ignorant as yet how these causes intimately act, and while our pathology of insanity is in swaddling clothes, yet we possess quite a good knowledge of the predisposing and exciting causes, and so therefore possess the means of warding off, to a certain extent, this dire calamity.

While brain injuries from a fall or a blow may sometimes be responsible for mental alienation, yet Dr. Y. thinks friends are wont to attach too much importance to this cause, in their anxiety to disprove hereditary influence, especially when long periods of time have elapsed since the receipt of the injury and the development of the disease, without the manifestation of any untoward symptoms.

The question of overwork is dwelt upon and its evils strongly drawn; but far commoner than exhaustion from this cause, says Dr. T., is the irritation and exhaustion produced by excesses in the two most frequent forms of alcoholic and sexual dissipation.

"A man need not be a drunkard before he can develop insanity or transmit it to his offspring. If he indulge in 'nips' throughout the day, or saturate himself with beer, or cannot go to bed without his grog, he is steadily creating constitutional tendencies which will some day develop evil results."

Attention is called to the fact that the marriage relationship can be degraded into an excuse for unbridled indulgence, and that such folly or ignorance may wreck the strongest brain.

Society needs plain words about these things, and we fail in our duty if we do not speak them. Especially do we need to impress on parents the duty of wisely informing their children, lest ignorance, or, still worse, knowledge wrongly sought for, prove fruitful of evil.

*Brain starvation* from malnutrition or undue waste, and *brain irritation* due to disease in some other organ, are prolific causes. But Dr. Y. considers that an inherited predis-

position to insanity is the most potent of all the causes that produce it, and he issues a ray of consolation to those thus threathened when he says that this predisposition is not a mysterious and fateful doom, haunting and dogging its victim, and sure one day to overtake and overwhelm him. It is a purely physical condition, and loses half its horror when this is realized.

The subject of this predisposition should not pretend to ignore it, as though it were a nameless horror or a secret disgrace. The fancied disgrace is a wretched relic of the time when an insane man was deemed something lower than a brute, and was treated accordingly. The civil and social consequences of insanity are doubtless grave, but it no more implies disgrace than any other physical illness. We are all handicapped, in some way or other, for the race of life, and much of our success depends on recognizing this from the first and running accordingly.

Supposing the heir to such an inheritance frankly recognizes the fact, how shall we council him to avert the malady, and how should his life be ordered so as to prevent its development and transmission? It need scarcely be premised that no organ can be in vigorous health unless this be the condition of the organism. It is an axiom in all special treatment, that the general health must be maintained at the highest possible standard.

The first condition of brain-health, as it is the first condition of the health of every organ, is due and suitable exercise. If the brain-work be unduly prolonged or unduly severe, injury must follow. Therefore our imagined patient must not pore unremittingly over the merchant's ledger, nor burn the midnight oil in exploring the arcana of science, and we must absolutely debar him from the rivalries of politics and the excitement of the stock exchange. Unwonted responsibility or undue worry tax him injuriously, and he should work within accustomed limits, and along familiar grooves which habit has made smooth. His ambition must be controlled by prudence, and he should be a servant rather than a master, and he should choose the calm and even tenor of a country life rather than mix in the rush and excitement of a great city.

Daily self-control, and wise moderation in all things, should characterize every one; but they are specially required in one predisposed to insanity, and they must be earnestly cultivated by him till they acquire the blessed ease of habit, and are practiced without an effort.

Referring to the question of marriage, Dr. Y. says that it is a

grave one in these cases. If the predisposition be but slight, and of remote origin, it seems hard to forbid marriage; but we can urge that the partner selected should be of calm and well-balanced mind, and free from all nerve proclivities. Unfortunately, excitable, unstable folk have an attraction for each other as remarkable as it is unwise. If the tendency be marked, the prohibition should be absolute. It is far better to endure isolation, and to miss the comfort and solace of married life, than to bring sorrow on others, and unknown ills upon offspring. To choose a partner beyond the age of child-bearing is one way out of the difficulty; but choice in these things is guided by feeling rather than by judgment, and love is so blind and persistent that our wisest councils are often disregarded.

Thus, then, we have the same old story. In acquired insanity we must look for the cause and remove it; in what we might call the danger of idiopathic insanity, *i. e.*, from inheritence, we must be on the lookout to keep the body in a good condition, that it may be enabled to resist this as it would any other disease. All the same, we will continue to have a large number of insane persons, the cause for whose alienation we will ever so diligently seek for without avail.—*Med. and Surg. Reporter.*

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## *TREATMENT OF FEVER THIRST.*

The *Medical Age*, August 10, 1885, copies from one of the East Indian medical journals what seems to be a very practical and valuable hint in reference to the quenching of thirst in fevers, which is given the profession by Surgeon-Major S. K. Cotter, of the Indian service. If further observation should show that this method can be depended upon as a rule, a most distressing condition can be better relieved than by any means hitherto employed in practice. It is to be hoped that enough of our readers will experiment with it to decide upon its real value, and report to the *Monthly*. The surgeon relates that a patient, suffering from enteric fever, was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerin, and, as a result of the first trial, sleep was maintained for two hours; when the patient awoke his tongue was again painted and with a similar result. The doctor offers several theories to account for this favorable action, but neglects to refer to the strong affinity of glycerin for water, which, we agree with our contemporary, was without doubt the proper explanation of the happy result.—*Virginia Med. Monthly.*

## *ICE TO THE SPINE IN OBSTINATE VOMITING.*

Dr. Wm. L. Davis, in the *Mississippi Valley Med. Monthly*, says: I was called to a patient, æt. forty-seven, the mother of nine children, suffering from a severe typhoid fever with intractable vomiting, which had persisted for several days. All of the ordinary means failed to control the condition of the stomach, and even pellets of ice were instantly rejected. High temperature characterized the fever, and every effort was made for its reduction, believing that it had much to do with the production of the nausea and vomiting, but the latter prevented the medication indicated for this purpose.

Menstruation had been normal for some time, except the epoch just preceding the attack of fever, which, although the flow made its appearance, was but limited in quantity. From the age of the parent and the number of children she had borne, I was inclined to the belief that the climacteric was a factor in the gastric derangement. Thinking, therefore, that the vomiting might depend upon reflex disturbance of uterine origin, or ill-defined spinal derangement, I applied ice in considerable quantity to the lowest part of the spine. The vomiting ceased instantly, and a profuse perspiration followed. The use of the ice was persisted in only as the indications appeared to demand it. Taking the hint from this, however, cool sponging was instituted with marked benefit, so that the use of the extreme cold to the spine was only of occasional necessity. With the exception of anodyne injections to produce rest at night, little other treatment was ordered. The subsequent progress of the case was satisfactory, and the ultimate recovery complete in about the average time.

The history of the case since her getting up has not confirmed my conclusions in regard to the menopause.—*Peoria Medical Monthly.*

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## *TREATMENT OF THE OPIUM HABIT BY CODEIA.*

W. H. Lindenberger, M. D., Bartlett Springs, Cal., writes: I desire to call your attention to a remedy for the opium habit. I first commenced the use of this remedy in 1883, and since that time twenty-four cases have been permanently cured under my treatment by the use of this drug. It is codeia, a drug with which all physicians are familiar; but I have known but two members of the profession who were acquainted with the proper method of its use for this trouble. In order to use the remedy properly it is necessary to be thoroughly familiar with the past life of the patient, the length of time opium has been used, and

the amount used. To cure the patient of the habit, I commence, as a rule, with two grains of codeia three times a day, and increase the dose until the same effect is produced upon the system that is produced by the opium.

After the use of opium has been supplanted by the use of codeia, the system has become accustomed to a drug the use of which can be dispensed with in a very short time. Codeia, when used in this manner, does not block up any of the secretions, and has no other effect upon the stomach than to give the patient a slight increase of appetite. It has a slight tendency to constipate the bowels; and with some it produces an after-depression, but not with those who have used opium to any great extent.

Previous to the use of this remedy it was my practice to use coca in certain cases. I found, however, that it constipated the bowels and took away the appetite; and that, after continued use, it was almost as difficult to get rid of the coca habit as it had been to become relieved from the morphia.

With the use of the remedy some patients must have a tonic treatment; and if constipation exist, I have found the aloin pill, No. 1, to be the best remedy.—*Phila. Med. News.*—*The Med. Analectic.*

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## *GOOD NEWS FOR PREGNANT WOMEN.*

Mr. John Bland, says *The Lancet*, has been letting his mind dwell on the case of women who have the misfortune to have to bear children in cold or temperate climates, as compared with their luckier sisters who have to discharge the same duty in the South of Europe or in Africa. He assumes that much of the difference is due to the mere difference of climate, the warm climate relaxing the tissues, and *vice versa*. Upon this basis he has constructed a box with a heating apparatus, in which he proposes to place the lower part of the woman in labor. The heat of this box, he thinks, will bring the woman, at least in the lower part of the body, to the advantageous position of her more southern sisters. Again, it appears that a lady at the last Exhibition in Paris, in the seventh or eighth month of pregnancy, went up in a captive balloon, and before they could descend accomplished the whole of labor, including the expulsion of the placenta. He attributes this, not to the fright of the lady, but to the diminution of atmospheric pressure. He has therefore included in his invention a provision for exhausting the box of air on the approach of a pain. The process of labor is to be watched through a window.—*Medical Record.*

## *REUNION OF COMPLETELY SEPARATED PARTS.*

Dr. O. A. Palmer reports in the *Medical Advocate* a case where the little finger was completely separated from the rest of the hand. The doctor reached the case about ten minutes after the accident occurred, and after cleaning and adjusting the cut surfaces, applied a splint and kept the hand warm and dry. At the end of ten days there was good union, but how much motion was obtained is not told. Dr. Palmer has found three similar cases reported, one of which, in the *New Jersey Medical Reporter* (1852,) is particularly remarkable. A blow from a sharp axe completely severed a section of the skull, the detached portion merely hanging by a strip of integument. A slice of the brain was cut off with the skull, but nevertheless the patient exhibited no serious symptoms and was able to walk some distance after the injury. The whole detached portion was returned to its place, and reunited firmly as far as could be seen, the absence of cerebral symptoms indicating that there was union between the cut surfaces of the brain as well as between those of the skull.

Dr. Palmer was induced to report this case from hearing a great deal of skepticism as to the possibility of union between completely separated parts.—*Northwestern Lancet.*

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## *THE DETAILED TREATMENT OF PNEUMONIA.*

When I began the practice of medicine, more than twenty years ago, pneumonia by most of our authorities was classified as a local disease. Under this teaching, I made much use of antimony, aconite, and veratrum, and I have even bled these patients. Without at present pretending to decide the question of the parastitic nature of acute pneumonia, the fact remains that pneumonia is often epidemic and at times seems to be infectious. Moreover, I have become convinced that pneumonia is a constitutional disease, an essential fever. Under these circumstances, I no longer expect or even attempt to "*abort*" the disease, but limit my efforts to making the patient comfortable, supporting his strength, and "obviating the tendency to death."

Pneumonia threatens life through the heart, whether it is weakened by the intense fever, as Juergensen says, or by the morbid influence of a parasite, as taught by Germain See, or both, hence I no longer use any depressing agents.

When called to a patient sick with pneumonia, I order poultices of cornmeal or flaxseed meal to be applied to the chest as hot as they can be borne. I enclose the poultice in a flannel

bag, for thus a greater heat can be borne, as the poultice cools less rapidly. I keep up this application as long as they are a source of comfort to the patient; in some cases till the crisis.

I at the same time give Dover's powders to relieve pain and uneasiness, and when the pain in the chest is severe I use morphine hypodermatically. I also give some sodic or ammoniac salts, believing that they lessen the viscidity of the sputum and facilitate its expulsion.

When the temperature rises above 104° F., I no longer give aconite or antimony, for fear of favoring asystolism of the heart, which I think I have seen produced by these agents, but give quinine, as an antipyretic (25 to 35 grains). Quinine guards the heart from exhaustion by reducing the temperature. I repeat the dose of quinine daily as long as needed.

When the heart becomes weak, I give alcohol in free doses; whiskey and brandy, or rum, being used as the patient prefers. In children I use strong coffee, and I believe I shall use caffeine hypodermically in the future in extreme cases of cardiac weakness.

In addition to the above treatment I endeavor to support the strength of the patient by the use of hot and cold milk, meat broths, soups, etc., to which, when there is cardiac weaknes, I add capsicum.

I keep the patient in bed from the begining of the attack until convalescence is fully established.—Dr. D. N. Kinsman, in *Med. and Surg. Reporter.*

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## *COLD ABLUTIONS OF THE FEET FOR COLD IN THE HEAD.*

The following simple measure is highly recommended by Dr. Prokoff Popoff, of Siberia, who states in the *Russkaia Meditz* that in more than three hundred cases of acute and chronic rheumatic coryza he used it with great success: Twice daily (in the morning on rising, and at night on going to bed) for two days, the patients are ordered to wash their legs from the sole up to the knee with ice-cold water, and to subsequently rub the washed parts with a dry towel, or a piece of rough linen or cloth, until a vivid redness and feeling of warmth appears. The whole procedure takes not more than five minutes. No other measures or precautions are required. A striking improvement follows on the next day. In fact, the improvement is usually so great that many patients content themselves with only one day's treatment, regarding themselves as cured.—*N. Y. Med. Times.*

## EDITORIAL.

"*In things essential, unity; in things doubtful, liberty; in all things, charity.*"

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### *BROMIDE OF SODIUM AS A REMEDY FOR EPILEPSY.*

WHATEVER may be the real therapeutical value of the bromide of potassium in the treatment of epilepsy and other disorders of the nervous system, it goes without saying that its prolonged use is often attended with serious incoveniences, and even dangers, as dullness of the mental faculties, loss of memory, great muscular feebleness of the lower extremities, etc. We have heard epileptics declare that they would rather suffer from their fits than from the condition brought on by the doses of bromide of potassium necessary to suspend the attacks, or lessen the number of them. It is, therefore, a matter of some moment to those who treat nervous disorders, as well as to the unhappy victims of them, to find a remedy as efficacious as the bromide of potassium undoubtedly is in some of these affections.

There is reason to believe that in the bromide of sodium we have a happy substitute that fully meets every indication for which its potassic congener has been given, while it is much better tolerated by the system, and free from the objections which are justly urged against the latter. For some time past, we have habitually used the soda salt in all disorders of the nervous system, where before we prescribed the bromide of potassium, and, so far as our own experience goes, speak positively to this point. We have given it in a number of cases of epilepsy continuously for months without any of the unpleasant symptoms which so constantly follow the prolonged administration of the potassium salt, excepting the eruption, and with the best results in mitigating or suspending the paroxysms. Baumbacher has given the bromide of sodium, he says, for a year without its producing the systemic saturation so frequent during the long and continuous exhibition of the bromide of potassium. According to Nimias, of Venice, this latter salt accumulates in the various organs, the brain, spinal cord, lungs, liver, etc., and is neither readily

eliminated nor assimilated. Soda, on the other hand, is the alkali found throughout the body, and in all the secretions, and would naturally be more readily absorbed and appropriated than the potassa salt. Another point in favor of the use of the sodic rather than the potassic salt, and which, so far as we know, has not been mentioned, is the fact that the salts of potash exert a depressing influence on the heart when they are largely or long given. It is alleged, however, that no such effects follow the continuous use of the salts of soda, and so far as we can see this is true.

The taste of the bromide of sodium is much less unpleasant than that of the bromide of potassium, being very much like common salt, hence it is of more easy administration than the bromide of potassium, to the taste of which some persons have invincible repugnance, increasing with its use.

The doses of bromide of sodium are about the same as those of bromide of potassium. In epilepsy it is usually given in twenty grain doses three times daily, and rarely needs increasing above that amount. It sometimes seems to cause or encourage constipation. The cutaneous affections which frequently follow the administration of any of the preparations of bromine may be prevented by combining small doses of Fowler's solution (two drops) with each dose.

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## *ELECTROLYSIS IN THE TREATMENT OF URETHRAL STRICTURE.*

Within recent years much has been written and said concerning the electrolytic treatment of stricture of the urethra. The evidence *pro* and *con* which has been adduced is conflicting and to some extent misleading. While one writes with enthusiasm of the success he has attained by this method and details a series of cases in which it has yielded gratifying results, another writes of frequent failure and disappointment. Probably between the two lies the truth, for while it is true that in some cases it produces prompt and satisfactory results, it is also true that in other and seemingly identical cases it proves altogether ineffectual, though perhaps some of the failures may have been due to ignorance or neglect of necessary details. The method of pro-

cedure is to introduce within the urethra a metallic bougie, insulated to within a short distance of its extremity. This is connected with the negative pole, the positive pole being applied to the thigh or abdomen by means of a moist sponge, and a galvanic current of from five to fifteen or twenty cells used, the sitting lasting from five to fifteen minutes or longer.

Mallez reports a series of forty cases thus treated. Improvement was often immediate, and frequently a bougie would pass easily, which before could not be introduced. The pain of the operation was slight, a little blood appearing on the withdrawal of the bougie. The first urination was easy and painless, but subsequently some pain would be experienced on urination. After five or six days, the cauterized tissue would be thrown off. The cures were permanent. Febrile symptoms occurred only in exceptional instances, and were only light and short.

On the other hand, Couriard has treated twenty-one cases by this method, in three of which abscesses appeared in the surrounding tissue. In one case the application was continued for forty minutes, with the effect of widening the urethra, but without opening the stricture, so that the bougie could be passed. In ten cases there was more or less improvement. Couriard, though he was not so successful as Mallez, yet recommends the treatment for those cases that do not yet yield to dilatation, and as preferable to urethrotomy.

The conclusion of the whole matter seems to be, that while electrolysis sometimes produces almost a magical effect, like everything else, it sometimes fails to do good.

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## *PUT THE LIGHT IN FRONT.*

One of the disagreeable, not to say dangerous, features of a country practice is the night driving, as we know by personal experience, and anything that serves to render it less wearisome must be welcome to the country practitioner. Dr. Wm. B. Ely, in a communication to the *Med. and Surg. Reporter*, makes a suggestion by which, though it is simple enough, many of the difficulties and dangers of driving at night may be overcome. He says: "Few of the accessories to a country doctor's practice are so unsatisfactory as his means of lighting his way when

driving at night. The various forms of dash lights are pretty much the same in that they put the light just where it is not wanted, illuminating the horse's tail and hips and the buggy thills with a brilliance quite unnecessary, which intensifies the blackness of the shadow cast by them just where one wishes most to see clearly.

A few nights ago I tried an experiment to overcome this difficulty, which proved such an abundant success that I hasten to give my brethren the benefit of the discovery.

My light is a common tubular lantern with a reflector and a spring for attachment to the dash. In place of putting it on the dash, I slipped the spring over the middle of the breast color, directly in front of the horse. Every part of the road in front of me was plainly seen, so I could drive with as much confidence as in broad daylight. The conditions necessary for success are a level-headed horse, with fair breadth of chest and a shoulder strap attached to the check-hook, to prevent the lantern sagging down between the horse's legs when for any reason the traces slack. It would be well to have a short strap sewed to the inside of the breast collar to slip the spring through, so as to prevent any lateral motion."

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## *CONNECTICUT ECLECTIC MEDICAL ASSOCIATION.*

The semi-annual meeting of the Connecticut Eclectic Medical Association was held at the United States Hotel in Hartford, on Tuesday, October 13, about fifty members being present, when the meeting was called to order at 10 o'clock A. M. by the president Dr. George Andrews, of New Haven. The annual meeting of the Association occurs in May, and the half-yearly meetings are rather informal than otherwise.

The society now numbers eighty-four members, and exhibits a healthy growth in numbers and efficiency. Six new members were elected at the annual meeting in May last, and the following were voted into membership at the autumn gathering. Dr. A. D. Ayer, of Vermont; Dr. J. E. N. Boheimer, of Waterbury; Dr. Sidney S. Carter, of Southport, and Dr. E. H. March, of Mansfield. The credentials of an applicant for

membership are closely examined and his character and reputation for honest dealing are carefully looked into before his proposition to become one of them is entertained.

Among the papers read during the day's session were:

"Fistula in Ano," by Dr. J. A. Hutchinson, of Patchogue, L. I. "New Remedies for Tape-worms," by Dr. Le Roy A. Smith, of Higganum. Discussion on this followed by Drs. Gallup of Columbia, Munn of Waterbury, and Andrews of New Haven. "Infusion of the Grape-vine in Metastasis of Parotitis or Mumps," by Dr. Charles N. Gallup, of Columbia. "A Case of Cholera," by Dr. I. B. Gallup, of Willimantic. "Prevention and Management of Premature Labor," by Dr. Elizabeth G. Smith, of Bridgeport. "Treatment of Hernia," by Dr. Julius S. Stillman, of Bridgeport. "Code of Ethics for Physicians and Druggists," by Dr. J. D. S. Smith, of Bridgeport,

"Specific Treatment of Dysentery," by Dr. F. H. Williams, of Bristol. This paper was generally admitted to be far beyond the average, and as Dr. Williams is acknowledged to be one of the brightest members and best authorities on this disease, in the society, his practical ideas were received with every evidence of satisfaction. "Medical Statistics," by Dr. E. M. Ripley, of Unionville. "New Remedies and Methods of Treatment," by Dr. William E. Whitney, of Westfield, Mass., read by Dr. F. H. Williams, of Bristol. "Obstetrics," by Dr. George H. Day, of Norwalk; by Dr. Elizabeth G. Smith, of Bridgeport; by Dr. Leonard Bailey, of Middletown. "Surgery," by Dr. Julius S. Stillman, of Bridgeport; by Dr. Byron W. Pease, of Thomaston; by Dr. A. Hutchinson, of Patchogue.

At one o'clock a recess was taken and dinner served, after which about seventy-five members were present at the reading of the papers not previously reached.

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## *MEDICINES IN THE ROUGH.—SOMETHING NEW.*

That which one has seen leaves a far more distinct and lasting impression than that of which one has simply heard, no matter how graphic the description may have been. The student can familiarize himself, practically, with the properties of drugs only

as he has the opportunity to examine and handle specimens himself. The descriptions of text books, even when aided by elaborate engravings, appeal only to the imagination, consequently the impression received from reading is of necessity imperfect—often misleading and always evanescent. It is not enough, even, that the student have excess to cabinet collections, although these render excellent educational service. It is only by having the specimen actually in hand that with the aid of lens and dissecting needle he can intelligently follow the descriptions of his manual.

Specimens of many of the common drugs are of course easily procured at any drug store for such examinations, but there are many which are not thus accessible, and it is, moreover, important that the specimens shall be all of unquestionable authenticity. Those enterprising manufacturers, Messrs. Parke, Davis & Co., have arranged a collection which furnishes this desideratum. It contains specimens of all crude drugs of vegetable origin recognized in the U. S. Pharmacopœia, and many which are not so recognized, but are in common use—in all 288.

The specimens are put up in neat turned wood boxes, arranged in a convenient black-walnut case, each box bearing a label. We believe these collections will be of very substantial service to the student—to those who have a diploma as well as to those who are working for one. The expense is merely nominal.

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## *BATTLE OF THE BREEDS.*

We understand that Murdock's Liquid Food Co., of this city, have published a fine chromo, entitled "Battle of the Breeds," after the original painting by William Watson, a celebrated animal painter. It was executed for Mr. A. L. Murdock, and was his conception.

The contending bulls represent the Durham and Hereford breeds, and are from the celebrated herds of Lord Lathoms, near Dunkirk (Durhams), and the herd of Herefords owned by Mr. Gibbons, near Cheltenham, England. Stockmen recognize the value of the two breeds, and the superior quality of the Herefords, as well as their rapid growth in the United States, shows that we shall always be able to furnish meat for the whole

world, if wanted, as the Hereford will weigh as much in two years as the Durham will in three. Though their flank is smaller, their "tenderloin" and "porter-house" are much larger than the Durham at the same weight, and dealers admit that they can afford to pay two cents per pound more for a dressed Hereford, than for a Durham of the same weight, and with no loss when sold at the same price. The Murdock Liquid Food Company purchase all the Hereford stock that they can command, and their Liquid Food is twenty-five per cent. richer than when they first offered it for sale, caused by their being able to use this stock.

## THERAPEUTIC AND OTHER NOTES.

The delay in the appearance of this number of the Journal has been due to a pressure of outside matters on the editor, and will not be likely to occur again.

The firm of Thorp & Lloyd Brothers, of Cincinnati, manufacturers and wholesale dealers in drugs, medicines, etc., has been dissolved, and John U. Lloyd and N. Ashley Lloyd, under the firm name of Lloyd Brothers, succeed to the property and business. They are the sole manufacturers of "specific tinctures."

We have received a number of books and pamphlets of which an acknowledgement should have been made in this issue. They will receive attention in our next number.

A Benefit, Pass Him Around.—"And now comes T. H. Bryant, 'proprietor' of 'Waukesha Glenn,' the 'Queen of Mineral Waters,' and poses as the Prince of Advertising Frauds. He is liberal with his adds.—five pages at a pop—but does not pay a cent. He beat us out of the price of five pages, one insertion, and we consider ourselves lucky to have been warned by two other leading journals, more stuck. He trades on wind as well as water." This is a free add.—*Daniel's Texas Medical Journal.*

*The Medical Bulletin's* pages displayed his add. three months

but its ledger displays nothing on the Cr. side of his account.—*Medical Bulletin.*

He sent copy for several pages in the JOURNAL, but on making some investigation we concluded to have nothing whatever to do with him. Why would it not be a good plan for a publisher who finds himself unable to collect on any contract to give his fellow publishers the benefit of his experience, after the above style? The moral effect would be good.

HE—Did you go to the doctor to-day about your throat? She—Yes, this morning. He—Did he examine it? She—He did, beyond belief. He had a microscope, and a telescope, and an electric light, some mirrors, and a spoon in my mouth all at once. He—Did he hurt you? She—No, he didn't hurt me, but just as he lighted up and began looking in, I remembered that I had a hole in my stocking. My! I was so embarrassed!

AFTER a fair trial of LISTERINE, I am convinced of its value. I use it almost daily in my practice in all cases requiring an antiseptic or disinfectant, and am well pleased with it. The preparation is certainly a nice one, and its superior advantages as a gargle and mouth wash are very apparent. I can recommend it to my profesional friends with confidence.

E. T. DARBY, M. D., D. D. S.,
Professor of Operative Dentistry and Dental Histology, University of Pennsylvania; President American Dental Association.

THE gouty patient, on contemplating a meagre micturitory achievement, murmured sadly, "Little drops of water, little grains of sand."—*Boston Med. and Surg. Journal.*

DR. EUSTACE SMITH, of London, physician to the Children's Hospital, and author of "Wasting Diseases of Infants and Children," says: "Mellin's Food is by far the best of any with which I am acquainted. It seems to agree equally well with children whether they are healthy or diseased."

This short but emphatic commendation of Mellin's Food by Dr. Eustace Smith is enough to satisfy any one, that the preparation deserves a trial, at least.

Its nutritive value is beyond question. I gave it to one babe

who had, after weaning at the sixth month, an enormous craving for milk, which did not "stick to its ribs," but caused colics and diarrhœa. By mixing Mellin's Food with the milk, his excessive appetite was easily gratified, his colics disappeared, and no medicine was given. I believe that the proprietors have succeeded in producing out of wheat and barley "a combination and a form indeed" exactly suited to the ordinary powers of a babe's digestion, and I base this opinion not upon theoretical assumption, but on experience with my own healthy babe, as well as with the sickly ones I have attended. I recommend it in practice, with confidence born of experience in its use.—J. W. Holland, M. D.

Ready with a Remedy.—Said Bass to Dr. Pelleteer, who is in the homœopathic line, "How does your 'like cures like' work in a case like this, for instance: A friend of mine, no matter how warm he may be when he first goes to bed, soon becomes chilled and suffers great pain in consequence? Now what would you recommend in his case?" The doctor replied without stopping to take breath, "A counterpane, of course."—*Boston Transcript.*

Hydroleine.—We are sure many in the profession and many out of it, have already become familiar with Hydroleine, so long and successfully manufactured by William F. Kidder & Co., 83 John Street, New York. Hydroleine has a special advantage over its rivals in the fact that it readily mixes with water, or almost any menstruum, an advantage which will be readily appreciated by those who prescribe cod-liver oil in the various maladies to which it is adapted. Our personal experience with this preparation has been extensive and in every case highly satisfactory, not only to ourselves but also to the patients for whom it has been ordered.—*Exchange.*

Young man, never lose your presence of mind when you are in a trying situation. When you take a girl you love to picnic, and you wander away together to commune with nature, and she suddenly exclaims. "Oh, George! there is an ant down my back!" dont't stand still with your mouth open; don't faint; don't go for the girl's mother—go for the ant.

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Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

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Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

To those who have for any reason never yet tried these preparations, we will be pleased to send samples free by express.

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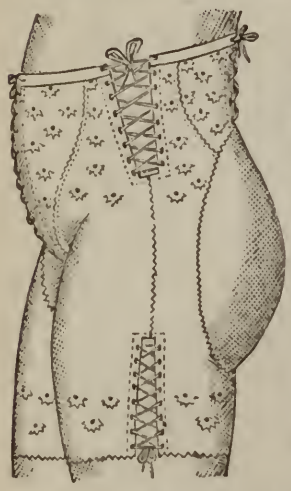

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**Measurement must be accurate to insure perfect fit.**

Retail Price, with leggings, $15; to Physicians, $10;
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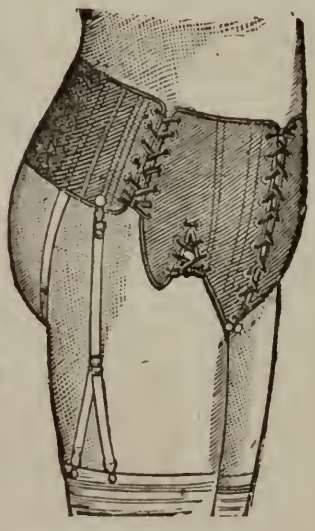

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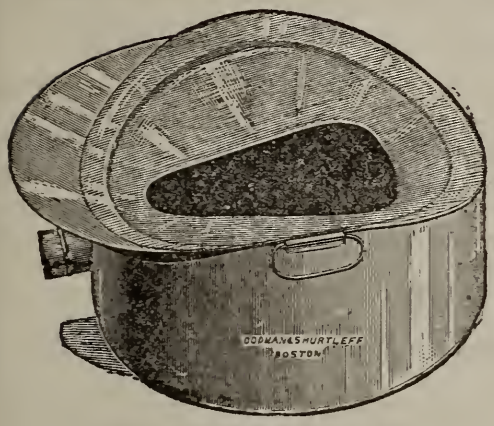


VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche. It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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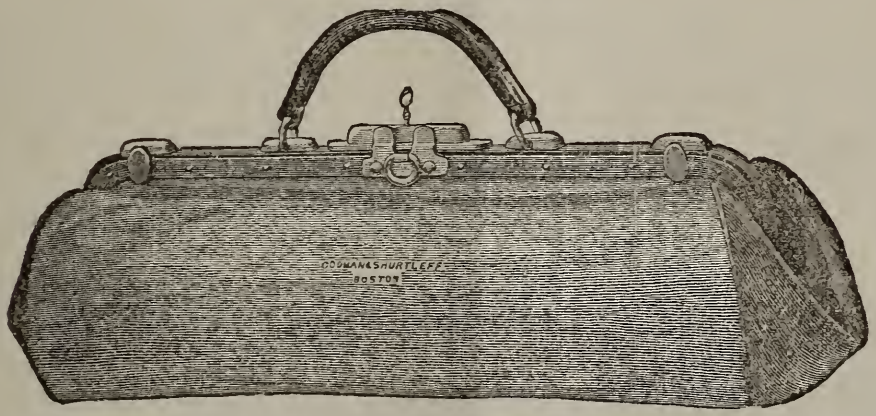


These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

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DOSE.—One to two Fluid Drachms, in water, three times a day.

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DIRECTIONS.—To Eradicate the Malaria from the system, One Teaspoonful in water, three times a day. For Intermittent, Remittent, and other Fevers, Five to Twenty Drops, every two or three hours. As a prophylactic against Malaria, One Teaspoonful twice a day.

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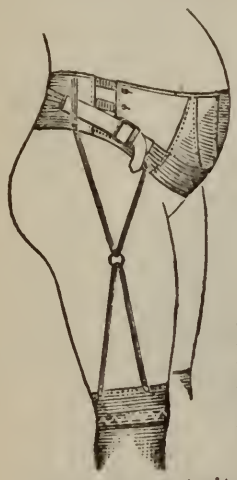

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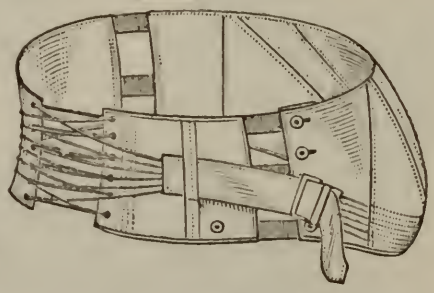

In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

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The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

M. F. LINQUIST, M. D., New Haven, Conn.

# MURDOCK'S LIQUID FOOD.

## *Its Value in Surgical Cases.*

Extract from the New England Medical Monthly, July 15, 1885.

Operation performed by Dr. Wm. C. Wile, the editor, in presence of Drs. Henry, Porter, Berry, De La Mater, Hill, Young, and Elliott; the subject sixty-two years old; married; no children.

Examination by himself, also Dr. T. Gailard Thomas, of New York, showed that she had a tumor and that it was simply a cyst of the left ovary.

"For two weeks she was placed upon preparatory treatment consisting of general tonics combined with Murdock's Liquid Food, and for three days prior to the operation, of liquid nourishment with Murdock's Liquid Food.

Immediately after the operation, February 23, the temperature was 98 deg., pulse 94; the patient suffered very little from shock and rallied well.

At 6 P. M. temperature was 99.1 deg., pulse 96; I gave a hypodermic injection of one-fourth of a grain of morphia, and an enema of one ounce of Murdock's Liquid Food. Feb. 24, 1 A.M. another enema. From this time until 3.30 A. M. she rested quietly; 6 A.M. temperature 100 deg., pulse 90; 3 P. M. temperature 100.5 deg., pulse 114; passed a comfortable day, took several enemata of Murdock's Liquid Food and one of milk brandy, which not being well retained was abandoned, and from this time out nothing but Murdock's Liquid Food was used.

February 25, rested splendidly all night.

February 26, 6 A. M. pulse 98, temperature 98.2 deg., feels first-rate and clamors loudly for food, no soreness, no tympanitis, continued Liquid Food and beef peptonoids in teaspoonful doses at intervals during the forenoon. At noon two oysters and a small plate of toast. At 6 P. M. temperature 100.2 deg., pulse 98.

February 7, temperature 100 deg., pulse 90. Has taken the usual enemata of Murdock's, and also small quantities of Murdock's, broth, brandy, and peptonoids.

February 8, temperature 99.5 deg., pulse 86. Mar. 1, temperature 99 deg., pulse 86. Mar. 2, temperature 98.7 deg., pulse 78.

March 3, the eighth day from the operation, all the sutures were removed and the wound was found to have healed by first intention.

On the fourteenth day she sat up in bed; on the twenty-first, when my last visit was made, she went into the dining-room to dinner.

It will be noticed that the nourishment which the patient took for the first three days after the operation consisted entirely of enemata of Murdock's Liquid Food and also that for the first week it was the principal diet. I consider that it rendered me the most valuable service in sustaining life in this case, as it has in many others in which I have used it."

We are constantly receiving letters from surgeons and physicians of the benefit of Murdock's Liquid Food to them in surgical cases, all meeting with the same results as Dr. Wile Our Free Surgical Hospital is open to the profession for their own private cases, or we will care for any case which may be sent us.

---

7 SNOW HILL, LONDON, July 12, 1885.

To M. DOLAN, M. D.,

Editor of Provincial Medical Journal of England.

DEAR SIR.—My attention has been drawn to an article in your Journal of July, 1885, on Murdock's Liquid Food.

I beg to offer a few facts to advise why Dr Stutzer, Director of the Imperial Chemical Laboratory for Rheinish, Prussia, gave his opinion in the language he used (and gave his preference to Beef Peptonoids and Beef Extracts).

The fact that my Liquid Food is the only Raw Condensed Food, or Food Extract in the world, shows why it was not acceptable to him, in smell or taste. We rest its value on results obtained when all other treatments of Medicines, Extracts, and Foods fail.

An Extract cannot possess the properties of common Food; or common Food, of condensed Food; or Condensed Food, of Raw Condensed Food, free from insoluble matter; that can be retained by the stomach when so weak as to refuse water, and this shows its value over all other Foods and Extracts, though some may think they smell, taste or look better, as tastes differ. Liquid Food carries the flavor of the articles from which it is made, and can be altered every time it is taken, if desired. Any patient after taking it a few times, who dislikes the flavor will grow to like it, especially when they find they are growing better daily by its use. Show me any and all other preparations in the market—or that can be compounded—combined, that can create ten pounds of blood, monthly with four pounds. Liquid Food is doing this outside as well as inside our Free Hospital of seventy beds, as it will restore the stomach to action.

Our Liquid Food is always sweet and we so warrant it in all countries.

"The process of decomposition," he mentions, comes from its richness and will not appear if he will reduce it on taking, it will then be superior to Beef Peptonoids, and a greater reduction will make it then better than Beef Extracts.

Yours Respectfully,

A. L. MURDOCK.

---

Liebig also tells us, "Were it possible to furnish the market at a reasonable price with a preparation of meat containing in itself the albuminous, together with the extractive, principles, such a preparation would be preferred to his (preparation) 'Extractum Carnis,' for it would contain ALL the nutritive constituents of meat. Again, I have before stated that, in preparing the extract of meat, the albuminous principles remain in the residue; they are lost to nutrition, and this is certainly a great disadvantage."

Sufficient has been said to show that what Professor Liebig and the whole medical profession were so anxious to obtain during the last fifty years they now have in

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Among our best customers for Murdock's Liquid Food are the Governments of the United States, England and the leading Governments of Europe; also all hospitals and physicians in those countries that have tried it.

Beware of Extracts labelled Original Liquid Food and other names, as we sue all manufacturers that take our Trade Mark, Essays and Hospital Reports.

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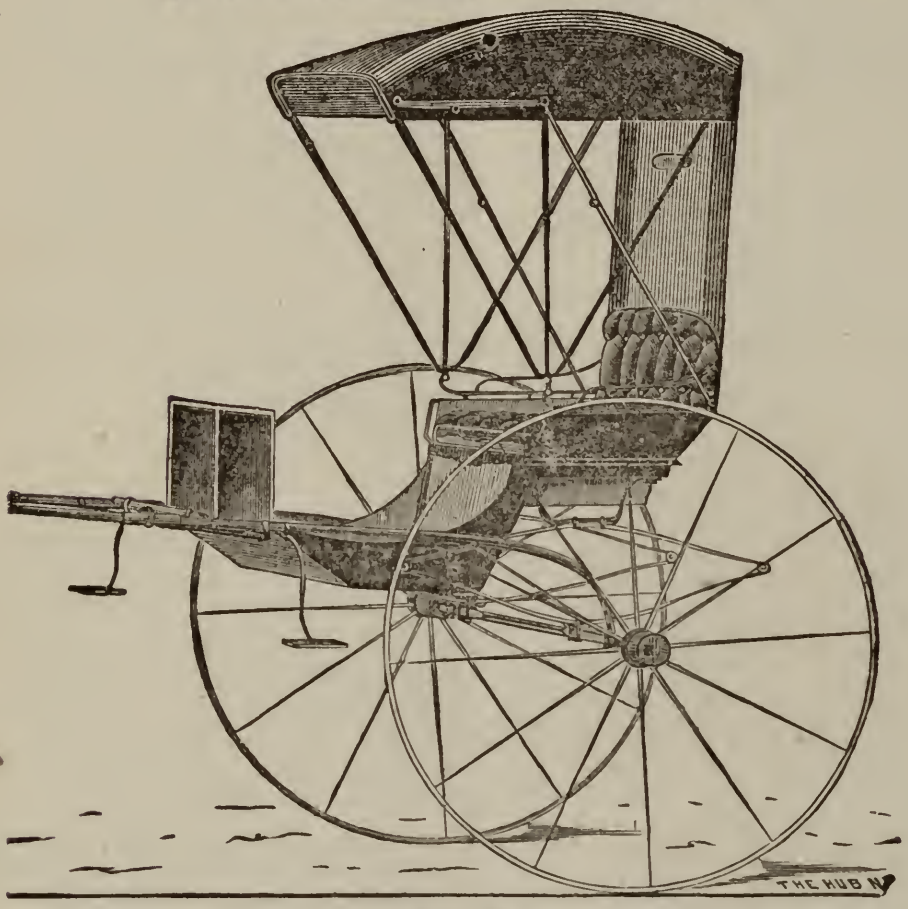


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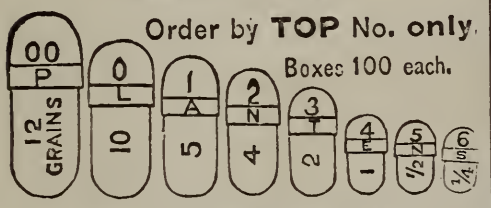


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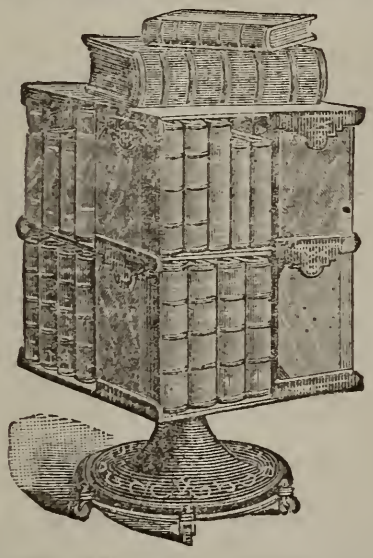

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It frequently happens that the lesions left by acute disorders and constitutional diathesis require an alterative, for which purpose Iodine and Iodide of Potassium have always held the first place. With these we prepare our

## SYRUP OF IODO PHENIQUE,

each tablespoonful of which contains Iodine, 1-14 grains; Iodide of Potassium, 3-14 grains; Nascent Phenic Acid, 8-11 grains.

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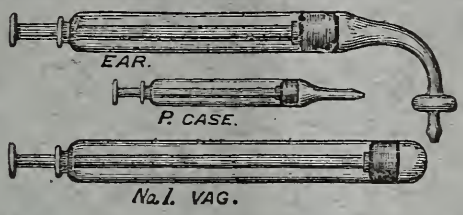


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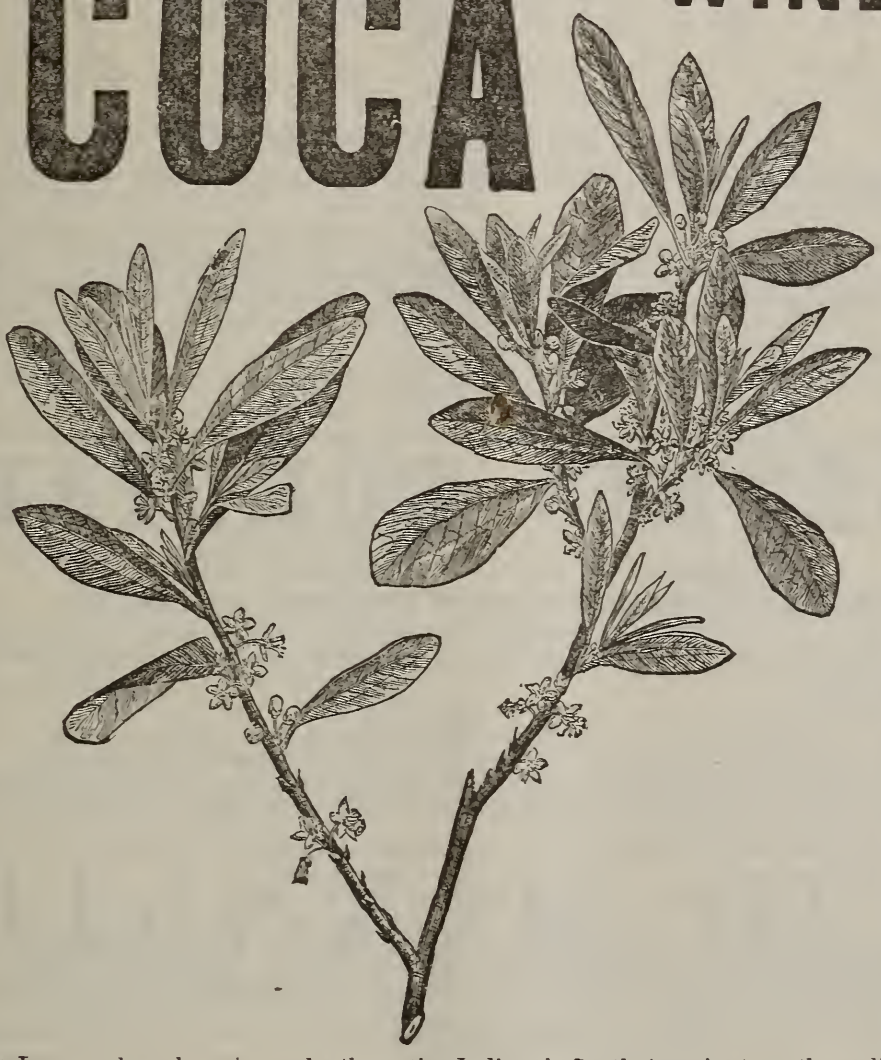

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MASSACHUSETTS
ECLECTIC MEDICAL JOURNAL.

VOL. 5. BOSTON, DECEMBER, 1885. NO. 12.

## ORIGINAL COMMUNICATIONS.

### *HEREDITY AND EDUCATION.*

BY ALEXANDER WILDER, M. D., NEWARK, N. J.

To be born well, to be reared and tutored aright—which is the more felicitous? How may either be assured? The Science of Social Economics has not so perfectly determined the matter as to forstall or preclude enquiry. It is a question of questions, and much remains to be said before it can be justly regarded as having been sufficiently answered. And even then, we may lawfully ask whether there is not some third factor, to which the other two are actually subordinate and ministerial; so that Hereditary and Education, either as distinct agencies or combined, may by no means be awarded unconditionally the palm of superiority.

If we consider the social practice of the various nations and classes of population, we will notice that only a moderate account is taken of any supposed law of hereditary descent. It seems to be presumed that education, personal surroundings and some indefinable Providence will operate to the desired end. The peculiarities of race, complexion, physical dimensions are readily enough conceded; but few care to enquire further. Marriage-alliances are negotiated and contracted in total disregard of inherited idiosyncrasies and their liability to be transmitted to offspring. A prospective bride making enquiry in respect to such things, would be set down as coarse, indelicate and void

of maidenly modesty; and the man who should be tenacious in such respects would be considered as visionary, and denominated in the favorite Guiteau-slang of the day, a crank. To marry well is understood to mean little or nothing in respect to persons, but much in the matter of pecuniary wealth and social position. Yet history and observation are full of striking examples of inherited physical and mental qualities; and a trait, a feature, a peculiarly-formed or redundant toe or finger, or a tendency to certain forms of disease, has been engrafted upon a family stock and remained there, appearing anew not merely in sons and daughters, but in posterity of remoter generations.

"By blood and brains we are predestinate
Each to his own course; and unawares therefor
The heart's blind wish and inmost counsellor
Makes times and tides; for man is his own fate.
Nativity is horoscope and star!
One innocent egg encloses song and wings;
One, deadly fangs and rattles set to warn.

Our days, our deeds, all we achieve or are,
Lay folded in our infancy; the things
Of good or ill we choose while yet unborn."

J. T. TROWBRIDGE.

Heredity determines the average longevity of a family, the stature and physical proportions, the mental aptitudes. Every individual, in respect to bodily conformation and mental tastes, is pretty certainly what his ancestry has determined. We find him blonde or brown, tall or diminutive, spare or obese, serious or trifling, studious or superficial. Thorn-bushes produce no grapes; thistles no figs. We are in a fair way of being able to forecast from the parentage the probable conditions of mental and corporeal vigor, the moral nature, and peculiarities of taste, character and disposition. But it will be far from precision. In the immense diversity which characterizes every family-tree, it can not become practicable to ascertain which in the long line of ancestors will have the principal influence in shaping the idiosyncrasy of the individual, and with it fixing his destiny. There will be a blending and a modifying apparent to observation in every instance. Curiously enough, too, there often is manifest a change of characteristics at the various periods of life. The child is undoubtedly the father of the man; yet not unfrequently the man is widely different from what his childhood promised.

One may be like his mother in early life and become an image of his father in later years. Atavism may interpose, and some predecessor may in turn come out to life and light in the physical, moral and mental endowment. "The seeds of the ancestors live in the son," says Zanoni. Yet, this uncertainty which has been pointed out furnishes no proof against the existence of a law of heredity, but is itself an irrefragable evidence in its behalf.

Exceptional character and genius are seldom transmitted. Thebes produced an Epaminondas, a philosopher, statesman and soldier all in one, and fell because there were no more of his type. There have been many generations of the name and lineage of Shakespere, both before and after the master-mind whom all of us honor; yet none of them exhibited the talent which immortalised the one who made the name famous over the civilised world. The gifted and illustrious are generally childless, or they fail to raise a progeny like themselves. The inferior and mediocre alone are very certain to beget and bring forth children quite after their own likeness. Thus human beings fulfil the analogy of apple-trees; of which the highly cultivated varieties produce rich, pulpy fruit, but chiefly withered and shrunken seeds; while the common, uncared-for stocks will yield fruit of a coarser texture and inferior quality, but be rich in plump, thrifty seeds, every one of them capable of germinating and becoming a vigorous tree.

Yet with all that may be learned in this field of enquiry, there is little comparatively which may be turned to practical account. Pomologists, like Colonel Marshall P. Wilder, are able to cause differentiations of fruits and flowers to infinite variety, and it is said that mo.e than eight hundred kinds of pear have been produced. Bird-fanciers and reares of choice animals are represented as able to breed to a feather, and to produce the shapes and physical qualities which they aim after. We have a school or society that aspire to some such mode of perfecting our human progenies. Of its practicability we may justly entertain the gravest doubt. Only by violence to the ill-organised and unworthy could they be eliminated from being factors in the coming race. It would even then be a serious question whether those who were thus ostracised were not endowed with qualities and characteris-

tics that it would be unfortunate to omit from the grand sum total of this new humanity. All human vices are but virtues distorted from their proper function. The individual who avers that too many human beings exist for good purpose, may as well look in the glass to find the one supernumerary.

Besides, with human beings, the matter of heredity involves much that is not exactly derived from ancestry. The human constitution is too complex to enable these things to be computed and estimated as by the rules of a primary arithmetic. Man is primarily a soul, and but secondarily a fabric of bone and muscle, lined and covered by membrane, nourished and cleansed by blood, and both made alive and sustained by the mediumship of nerve-structures. He loves, wills, thinks, recovers moral impulsion from external agencies, and is more or less at the mercy of external conditions. The kismet of ancestry is commingled with the karma of other experiences. The moods and mental exercises of parents are enstamped from the first dawn of embryonic existence. Drunkenness has been known to entail imbecility, as well as to perpetuate the brutish appetite for alcohol, and emotional excitement of a few moments' duration has transformed the entire outline of a child's nature. The assassination of David Rizzio by the brutal Scotch nobles in the presence of Queen Mary Stuart made James I. timorous and cowardly; while the daring of Carlo and Letitia Buonaparte modelled prenatally the whole character of their famous son.

Many years ago a Captain Purrinton, in a paroxysm of madness, killed his wife and nine chiidren in their beds, finishing the bloody work by suicide. The horrible affair created general alarm and excitement. Mothers would start up in sleep, wildly apprehensive that they too were about to be murdered; and the children born after that period were often marked or permanently impressed by some malign characteristic, which was the outcome of ths dreadful occurrence. Our literature abounds with examples of a similar nature.

Hereditary descent was not designed by the Father of the Universe, however, to perpetuate only what is evil. There is no law of Evil any where; it is always a perversion, and nothing more. The sole law of the Universe is order and fitness, and

this law is supreme in parentage. Those who desire and intelligently love children, generally have such as are a delight to them; and conjugal love is the most energetic cause of a wholesome fatherhood and motherhood. We need take little account of the modern notion so assiduously disseminated in regard to the ill influence of blood-relationship in such matters; but very much in respect to the nature and inherent genuineness of the connubial alliance.

Yet we should hesitate in regard to mating individuals of adverse natures. It is not well to wed the dove to a hawk, nor an eagle to a hog, or a mole, or any reptile. We do not care to rear bats, and we may be sure that human alliances of an analogous character will be too evil and prolific of evil to be capable of becoming holy and sacred. To be sure there have been such mesalliances, which have been unfortunate and promotive of disorder and misery to all immediately concerned, which nevertheless were followed in some later generation by the production of individuals of rare merit and even goodness. Often what we naturally and even properly regard as evil may be the source and matrix of a preponderating good. The progeny of an unfortunate alliance may be great, brave and energetic. Yet the contrary is so much the more probable that we ought always to hesitate in regard to any mating which is in form rather than in fact. If the evil sequences are obviated, there are circumstances which will more or less account for it. What are called somewhat erroneously the Laws of Nature are constantly operating to remove and repair the evils which have been infused into lineages by ill habits, vice, and other accidents. The principle of life and health, being paramount and positive in the human body, is active to resist morbific influences, to neutralise their results and to heal the injuries; nor does it yield till it has been wholly overpowered.

Education is generally considered as surest to remedy the defects of nature, to correct the disposition, as well as to fit for active life. Schools are expected to supplement the work of the parents, and to make good their shortcomings.

Yet it is chiefly teaching which they impart, a knowledge of certain sciences and arts, and such learning as consists of erudi-

tion. The routine has become so methodic that great numbers of children and youths are served with the same lessons and required to know and understand them alike. Poseidon's son who stretched men's bodies or cut them down to the dimensions of his bedstead, was a very correct illustration of a modern educator. It has been very fortunate for those coming short of the standard, that they were able to make up that deficiency in aftertime, and for those who were precocious and over-crammed that they could rapidly forget.

But teaching is not learning. It is but an inconsiderable part of the work. We would by no means detract from it. Gascoigne was right when he asserted that a boy is better unborn than untaught. His ability is measured by what he knows. He who kens can. The man who is ignorant is imbecile accordingly. The broader the knowledge the more perfect the individual. "The best heads that existed," says Emerson, "Perikles, Plato, Julius Cæsar, Skakspere, Goethe, Milton, were well-read, universally-educated men, and quite too wise to undervalue letters. Their opinion has weight, because they had means of knowing the opposite opinion." Yet the books do the pupil good only so far as he is ready for them. The school-boys are his real educators and exemplars. That which he appropriates and assimilates alone is that which educates. Indeed, very few who attend schools really become educated. There can be no new elements implanted in the human mind other than are already there, though perhaps these are dormant. No qualities exist in one individual that are totally absent from another. The human endowment is made up of the same principles and constituents, whatever the race, circumstances or mode of being. There are disproportions in manifestation, but all the differences which appear bear relation in some way or other to a common likeness.

The province of education is defined accordingly by the peculiarities and native character of its subjects. Teaching is a subordinate matter. To educate is to train, to develop, to bring what is within the nature into normal activity. The person who rears the child educates him rather than the one who disciplines him in books and sciences. That knowledge is practical which is assimilated by experience and so is part of the being. We

only forget what is extraneous to us and has no place beyond the memory. When it has blended with the active life it will not be lost or forgotten. The real education is training under such forms and conditions as will tend to promote skill and an excellent disposition, correcting all inclination to what is ill and confirming the desire and knowledge of what is good and useful. There is a necessity in the constitution of every individual to be that which he is; and accordingly, the true education involves no endeavor to prevent this, or in any way mutilate the disposition. The nature of every one should have its legitimate scope.

Conversation or dialectic accomplishes more than the studying of books and hearing of recitations; and as a means of education ought to be placed in advance of every other method. The apostle Paul inculcated this when he declared to his neophytes that they came to their higher development through "the hearing of faith." This real knowing was the groundwork of all hope and reasoning, the development of things not before perceived into principles of thought and living. In this way the parent trains the child and confirms him in the habits of life. He does not change the material but molds it and gives it shape and tendency. These are the lessons that we all seem to help teach to ourselves, and they are not lost or forgotten.

The education to be genuine or of utility, must be conducted with reference to what the individual is by virtue of parentage and conditions. Heredity molds the body and establishes the temperament and disposition; the true educator disciplines them all to their proper end. We are the offspring of our parents, and owe our allotment in nature and constitution to an extended ancestry. This allotment may not be and indeed is not what is usually denoted by fatality; nevertheless it involves our destiny. Circumstance comes in with its contributions. Its conditions are inexorable; the weight of the universe presses down on every one of us. Influences, arcane, mysterious—of ourselves and yet not ourselves—are mingled with our life. We can escape none of these; our temperament and personality are persistent, and we may not run away from ourselves.

The philosophic schools of India tell of a mystic potency which involves the soul in every form of its existece, making the allot-

ments of human life burdensome or joyous according to former experiences. Believing, as every thinker in archaic periods appears to have believed, that the soul was an actual denizen of the eternal world, but for occult reason became incarnated in a material body, and this repeatedly, they taught the doctrine of *Karma.* This term denotes the complicated group of affinities for good or evil which a human being generates during his life, and the character thus formed which inheres in his essence all through the interval which elapses between his death from one objective life and his birth into the next. That which survives in this way is the individuality, the same in regard to its higher nature, aspirations, affections and even tastes, as it was on earth. Accordingly, this would account for the differences between members of the same family, often so unlike in nature even to absolute opposition. A belief of this sort was prevalent anciently. This predisposition thus created was supposed to operate, conjointly with hereditary tendency to induce fortunate and calamitous conditions in the corporeal as well as mental structure. "Lord," the disciples asked of Jesus, "did *this man* sin, or his parents, that he should be born blind?"

Education, in the legitimate sense of the term, meets directly all the conditions which pertain to the individual. He is to be accepted as he is, with the idea of becoming what he should be. The notion of training him to be like another, in disregard of his individuality, is too unphilosophic and irrational to be permitted in discipline. If there are blemishes and characteristics to be corrected the diligent endeavor of the educator should be made in that direction, both in the way of curtailing undue exuberances and increasing where there are defects. Yet criticism and admonition should be sparingly bestowed. They goad and irritate, but seldom tend to produce amendment. It is poor surgery to blister and beat hard on sore places, but well to care diligently for them. Education can not make us anew. Indeed, somewhat of the old life and preestablished aptitudes must remain about us, or we cease to be ourselves and become some other creature. One may not take the responsibility belonging to another, nor dictate his conduct. But it is the legitimate province of the educator to train that individual to direct his own action

aright, and to discipline him in the exercise of the right motives. The end of education is to make life worth the living by developing its value in each individual and making him useful to others. He should be trained to steady physical effort, in order to the highest attainment of bodily perfection. A person with diseased body is sure to come short of being what he or she ought to be, and so far is unfit to live on the earth. Sickly men and women are offenders against human nature and ought to be required to defend themselves from blame for being such. There can hardly be a high morality, an exalted spirituality, where the corporeal structure is debilitated. In the active world we behold many a man who would be capable of guiding the thought of a people, of delivering a nation from peril and placing it on the eminence of prosperity, but who is palsied by bodily weakness for which there is no reasonable excuse. When there is sickness there has been somewhere in some way sinfulness and moral turpitude.

Heredity and Education are accordingly the twofold means of launching the human being on the ocean of active life. Neither is complete without the other. In ancestry is stored the possibilities, and education transmutes them into activities. We do wrong to overlook either or to hold it as of little moment. We err equally if we suppose education to be all in the matter, or that hereditary endowment alone will enable us to subserve every end. No man is "heir of all the ages" from blood inheritance alone, but because he has acquired the culture as well as inherited the genius of the ages. The political orator may denominate his audience intelligent, but he talks to them and treats them as though they were stupid and ignorant. So we call the millions of human beings men, who have not yet been developed into men. The very diseases that prevail, the epidemics that sweep out multitudes with their besoms, the apathy in regard to what is not meat and money, are so many testamonials of low grade of being, and heredity hardly emerged from animal conditions. The higher souls will put all these away. Heredity pertains to generation; education is regeneration. There should be no endeavor to enlarge one's destiny and to do what is not given to one to do; but there must be not merely the overcoming of evil but its absolute assimilation and transformation into the higher good.

# *THE DUAL TREATMENT OF CHRONIC UTERINE DISEASE.*

BY H. G. NEWTON, M. D., BOSTON, MASS.

I HAVE often wondered if there would come a time during my life when the human mind would take a fair, just, comprehensive and candid view of any subject which might be presented for its consideration; when we would be so far freed or emancipated from partisanship, injustice, prejudice, or a blind and stupid devotion to some pet hobby, some tradition, some theory that we have either adopted or originated and learned to worship while our reason was chloroformed, some despotic authority that like an old hat encloses our brains in a grip so tight that they cannot act to any advantage.

In that millenial period we shall each seek for what is true and good, and not what is believed or has been believed by us, or by somebody else; for what is right and just and not for what is expedient; in fact shall have advanced to so high an altitude that it will be plain to us that what is honest, true and just is most expedient, and that grand principle will be the bright particular star that guides our course.

These thoughts have crowded in before I could say a word on the subject matter to which I would invite candid attention, because it is so difficult to write, talk or even think on any subject without having the feast disturbed by some effete skeleton such as I have suggested.

I would present a few fresh thoughts such as we practical men ought to have evolved out of the storehouse of our own experence as we go up and down the stairs to see our patients.

I fear we too often ask the opinions of those who may not know any more at least than we do, about the particular case before us, and are often thus misled in our opinion, or rather led as vassals where we should be in command.

Now on the subject of uterine disease, which like the poor, "ye have with you always," perhaps more than in any other class, we have two parties, one contending earnestly for the belief that these diseases originate from some general morbid condition, and that the local lesions are only secondary manifestations of such

cachexia, to be lightly regarded as not meriting the attention bestowed upon them, while the other class are equally assured that if any disease exists in the organism, it is due to sympathetic irraditions or reflex influences, and that our treatmemt should be principally local, on the hypotheses that with the removal of the cause the effects will disappear. What we need to do is to divest our minds of whatever error may cling to either theory, and ask only for what truths concern us in each case.

In making up our opinion due deference should be had for ascertained facts, and for opinions of those who, possessing breadth of mind, have had unusual facilities to make them experts in this department, but we should be continually on the alert for that tendency in specialists to magnify the importance of what they are constantly familiar with.

We should remember too, that while one uterine disease may be nearly or altogether a local matter, another, perhaps the very next we encounter, may have originated in some cachectic condition, or mainly from a changed and deteriorated condition of the two agencies by which viability and vigor are maintained in each organ and tissue of the body, viz., the blood and nerve force, or animal magnetism.

One reason why we should only modestly entertain an opinion respecting this class of diseases, is that we really *know* so little as to the true nature of them, and also the *modus operandi* of the treatment which we adopt.

Which one of you can tell for a certainty the exact changes that have existed for the last year in the worst case you are now treating of this kind? How much of anemia or of hyperæmia, of asthesia or of hyperasthesia, general or local, of chlorosis or leucocythemia, if either exist, and the more remote causes of the supervention of either of these conditions? What different diatheses influence the present condition—the strumous, tubercular, herpetic, scorbutic, hemorrhagic or syphilitic? Either or all of them must have a very important bearing on the case, and do much to determine the formation of a correct diagnosis and prognosis. What have been the habits of thought or action, the prepjudices, the social, sexual and the religious opinions that do so much to make up the life, and thus make or mar the happiness and health of the patient?

How we have sometimes known a lost appetite to return at once on a more favorable and pleasant change in one of these particulars without the administration of any bitters, or a quiet refreshing sleep without the use of any of the bromides.

The change from the normal condition of the blood which we find in chlorosis, which may be very slight, or of the most marked character, is of great importance to the gynæologist, also that in leucocytosis or leuchaemia.

Whenever there is a lack of a due amount of good blood in the whole system or in any locality, conjoined with a poverty of nerve vital fluid so as to prevent proper nutrition, there will also be a deficiency of that magnetic cohesive attraction, that vital force of aggregation by which the molecules of healthy tissues are firmly held together. There will then follow a deterioration of some kind, a diminished cohesion and softening perhaps, a loss of power to resist the sudden or insidious encroachments of zymosis, bacteria or any kind of septic.

We can see by this mode of reasoning how such a condition may precede and pave the way for the advent of many of those local diseases of the uterus and its appendages, for the adequate local causes of which we often search so vainly, and in which the best local treatment proves absolutely futile, or at most of only temporary advantage—the disease returning to continue its ravages after having been only banished on a pleasant but short vacation.

In these cases the disease is primarily in the organism, or is so much a constitutional disease that the most careful general treatment will be as necessary to success as it would in a case of syphylitic iritis, and yet local treatment should no more be neglected than should the proper use of atropia in the latter case to prevent permanent iritic adhesions.

If we observe carefully we shall be persuaded that a large per centage of chronic uterine diseases have more or less marked chlorotic characteristics, with the consequent perturbation of vascular innervation, and that the menorrhagia so often encountered is resultant from such perturbation, rather than to a congestion of the organs.

The most efficient local measures in such cases will not remedy what seems to be a local lesion.

It will also be necessary to so treat these cases that the chlorosis shall be removed and good healthy blood supplied to the nerves that so plaintively make known their need of such a pabulum by giving neuralgic twinges in the head, the heart and the limbs, with an occasional attack of hysteria, or we shall seldom succeed in the treatment.

We should also take more earnest heed to the different diatheses to which I have already alluded, the most important of which is the scrofulous.

This is one great cause of the chlorosis just mentioned, and so, naturally occurs to me just after considering that condition of which it is so common a complication, affecting as it does young girls, and giving rise to exhausting rebellious leucorrhœa and uterine catarrh unattended by ulceration or even ordinary congestion. It may commence at the follicles of the cervix, but will soon extend till the whole tissue of the uterus becomes involved, presenting a hypertrophied and perhaps a phlegmonous appearance.

Pelvic cellulitis has recently become a fashionable complication of the chain of morbid changes produced by this diathesis. The suppression of the discharges which are sometimes produced by the granulations and ulcerations of this diathesis may occasion some sort of morbid exudations about the ovaries and broad ligaments.

So in this condition, while local remedial measures may be advisable, any tyro can perceive that in order to obtain any approach to a permanent or perfect cure of the disease it will be absolutely necessary to remove to a certain extent this scrofulous condition, by such alterative and hygienic means as are well known to all. Especially should there be a free circulation of the blood and nervo-vital fluid, good, pure air and constant full inspirations of the same, sufficient clothing and an equal and proper distribution of which should always be of a soft and pliable sort without bones or steels to press upon the superficial veins or prevent a free and full circulation of the blood on its way to the heart and lungs, as without the depeurative action of these organs no alterative can produce the necessary changes by which this diathesis can be superseded by a more salutary condition.

A proper and appropriate system of gymnastic exercises will also be of great service, *per se*, and because the patient will thereby learn the importance of not oppressing the vital or other organs by corsets or bindings around the trunk or extremities, such gymnastics especially those of the Delsarte method being impracticable where corsets or tight dresses are worn.

Without taking up the other diatheses to which I have before alluded, I will only say that what I have said in regard to the strumous will with eqnal propriety apply to the scorbutic, the herpetic, the tubercular and especially to the syphylitic.

Variations will of course be proper, especially in the case of the last which is too often confounded with scrofula, but which is I think more amenable to appropriate treatment than that disease.

If I had more syace and did I not fear that I might be tedious, I would be glad to turn for a moment to the consideration of uterine engorgement which is often a sequel of subinvolution, eventuating in a more permanent hypertrophy, and sometimes a varicosity, which if complicated with ulceration may produce a very profuse hemorrage, nature's depletive measure which may be of no little advantage in reducing the engorgement or congestion, but should be met with such general treatment as the case may demand.

In these imperfect thoughts I have endeavorod te impress the fact, which should be patent to all of us, that in chronic uterine diseases, we as specialists in this department are very liable to regard the local lesions as those to which we ought to direct our whole attention, and in this lies our great danger in common with specialists in oether departments, and yet I would if possible caution each practitioner not to be led to the opposite extreme which is no less to be guarded against, and by which the stomach alone would be the sole receptacle of whatever remedies we might use in our efforts to remove these morbid conditions. We should take a broad and comprehensive view of each case and give due weight and a proper place to local treatment without which the patient's sufferings would be greatly prolonged and much more severe, but at the same time while this ought to be done we ought not to leave the other undone.

## *ETHICS FOR PHYSICIANS AND DRUGGISTS.*

BY J. D. S. SMITH, M. D., BRIDGEPORT, CONN.

Being in a drug store one day recently I heard a man who came in, ask the druggist for something for his child, who he feared had taken some arsenic, and I was much amused to see the druggist put up a bottle of dyalized iron. I thought to myself, how would the druggist and the parent feel, if the child should die and no physician called? I find it a very common practice for druggists to prescribe, and compound their own prescriptions. Not only do they arrogate to themselves the province of the physician, but they *steal* (for there is no other word that expresses it), the prescriptions of physicians sent to their shops, and actually fill and prescribe the same themselves. Again they allow favored physicians to scan the prescriptions of others and even copy them. Now this is all wrong, and calls for a code of ethics for physicians and druggists. The druggists are not alone to blame for this state of things, for there are very many physicians who openly bargain with certain druggists for a percentage on all prescriptions sent them, in some cases demanding as high as fifty and even sixty per cent. Now for all this the patient must pay; this kind of "bleeding" has not gone out of practise. The physician or druggist who enters into such an agreement for robbing afflicted humanity, is beneath the contempt of honest men, and for such cases I suggest a code of ethics in this wise.

1st. No physician shall either demand or accept a commission from any druggist, either in money, cigars, or in any other way, and a druggist should not recommend a physician who attempts in any manner to obtain such a commission from him.

2nd. No physician should recommend, or send prescriptions to a druggist known to prescribe in any sense, as that term is understood. I do not object to a druggist selling patent or proprietary medicines, but I do not believe in sending my receipes to one who will tell my patient, "I have something better than that," "Dr. Cure All's Cough Cure or Liniment."

If some such understanding is not arrived at, physicians will compound their own drugs, and the apothecary will be left to deal out quack nostrums altogether.

## SELECTIONS.

### *THE TREATMENT OF RACHITIS WITH PHOSPHORUS IN THE YEAR 1884.*

Since the publication by Kassowitz, more than a year ago, of the results of his experience with the phosphorus treatment of rachitis, much attention has been called to the subject, and while there have been a few dissenting voices as to its value, the large majority of those who have tried it have expressed their conviction as to its value. Thirteen out of seventeen authors cited have obtained better results from phosphorus than from any other means which they have tried. Notwithstanding the objection of Baginsky that the favorable effect in cases which have been reported is due to the influence of the phosphorus upon the nervous system, and the statement of Schwechten that is due to the modifying influence of a good diet, the author feels that the claims of Kassowitz, that phosphorus has a direct action upon the morbid process in rachitis, have been sustained in their most important particulars up to the present time. Four hundred and eighty-seven cases were seen by the author during the year 1884, and placed upon the phosphorus treatment, many, however, being seen only once, others being under observation from one to eight months. The majority of them were under treatment from one to three months. The ages of the patients varied between six months or less, and twelve years, and all the varieties and complications of the disease were observed and studied. The substance was, as a rule, very well tolerated by the stomach, in many cases acting as a tonic. In forty-seven cases the result was considered excellent; in one hundred and ninety-two, as very good; in two hundred and thirty-six, as good; and in twelve, as delayed. In not a single case was the condition of the patient made worse by the phosphorus. The dose was a very small one, one-half a milligram of phosphorus daily in a suitable (*i. e.* in accordance with the age of the patient) quantity of cod-liver-oil, sweet almond oil, or olive oil. Symptoms which were relieved to a marked degree, after a course of treatment, varing in duration with the intensity of the conditions, were craniotabes with dilated fontanelles, spasm of the glottis, chorea and other disturbances of the nervous system, delayed dentition, and difficulty in locomotion, and in the action of the thoracic viscera owing to imperfections in the skeleton. As to the specificity of phosphorus in the treatment of rachitis, the author well says that the term is an inexact one as usually applied to medicinal substances. He does affirm, however, that it surpasses all

substances previously used in the treatment of that disease in the rapidity and permanence of its curative effect. As such it is a most beneficent addition to the means for the treatment of a very common and very injurious disease of childhood.—*Archives of Pediatrics.*

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## *THE TREATMENT OF CYSTITIS.*

Dr. Floyd Clendenen, of La Selle, Ill., writes to the *Therapeutic Gazette* as follows:

During the last few years I have had a number of cases of cystitis on my hands in which I have used the following prescription with the greatest success.

Tr. elaterium, ʒ i to ʒ ii; fld. ext. belladonna, gtt. xv to xxx; water, q. s. ad f ʒ iv. M. S.—Teaspoonful every two or three hours.

With this treatment is usually combined a tea made from watermelon seed or elm bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust 1 grain of elaterium in an ounce of pure alcohol, to which 4 drops of nitric acid have been added.—*Northwestern Lancet.—Medical Digest.*

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## *DIAGNOSIS, PROGNOSIS, AND TREATMENT OF RACHITIS.*

The author remarks that it is wrong to base a diagnosis of rach- entirely upon evidence received from changes in the skeleton. Deficient nutrition, in the first and second years of life, prepares and develops rachitic lesions, and enables one to forecast the disease. This deficiency may coexist even with apparently good development of muscular and fatty tissue, other essential elements being absent, and in children who are nourished at the breast, as well as those who are brought up upon the bottle or the different kinds of prepared infant food. In regard to the soft spots of the cranium (craniotabes), as evidences of a pathological, rather than a physiological process, the latter claim being asserted by some writers, the author is certain that such defective ossification is positive evidence of existing rachitis. The feature in diagnosis, which is most likely to give rise to difficulty, is the differentiation of rachitis from syphilis. In both are found periosteal

and epiphyseal thickening of the ribs and long bones. In both, the disease may develop during fetal life, or just after birth. In both, soft spots in the cranial bones are found, though far less frequently in syphilis than in rachitis, and it is also to be remembered that syphilis is usually attended by other well-known symptoms, which are peculiar to itself. As regards treatment, good hygienic methods often accomplish cures without receiving the credit which is due them. Proper nourishment, fresh air, and light are three elements which are most valuable in treatment. To these may be added warm baths, containing salt, iron, or aromatics. Of course, any organic disturbances, which coexist with rachitis, must be treated on their own merits. Iron is almost always useful as a means of treatment,—so is cod-liver oil, but the latter is not a specific, as has been claimed. The phosphates and carbonates of lime have steady and earnest advocacy on the part of many. The recent contribution of Kassowitz to the therapeutics of this subject is most important in its bearings. It consists in a recommendation of the use of small quantities of phosphorus, as a specific for the cure of the disease. The results of this treatment have been that not only the diseased bones have been cured, but the coexisting disturbances of the nervous system, lungs, and digestive apparatus have also been cured. The subject of prognosis is disposed of in a single sentence, to the effect that rachitis, in itself, is a curable disease, but its several complications will often lead to a fatal result. The plain duty of the physician is to anticipate these complications by suitable hygienic and therapeutic measures.—*Arch. of Pediatrics.*

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## *HOW TO RELIEVE ASTHMA.*

Dr. Q. C. Smith, of Austin, Texas, writes as follows to *Guillard's Medical Journal*:—

To relieve those desperate paroxysms of asthma that threaten life every moment until relieved, I am accustomed to administer hypodermically the following:

℞.—Mur pilocarpine. apomorphiæ each, gr. one-eight.

The patient will quickly sweat profusely, breath easier, and obtain sleep within ten minutes.

To establish the work begun, proper constitutional treatment should be promptly instituted and perseveringly carried out in every case, for weeks at least.

For many cases the following is a favorite combination with us as a constitutional remedy:

R. Iodide sodium, ʒ i; fl. ext. grindelia robusta; tinct. aloes, syr. ipecac, each, ʒ ii; Fowler's solution, ʒ ss; fl. ext. bella-

donna, gtt. iv; syr. lactucarium (Aubergiers) q. s. ft. ʒ ii; M. ft. sol.; S. Teaspoonful every three hours for one day, then three times a day just after meals, for from three to six weeks.—*Medical Digest.*

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## *HYPODERMIC INJECTION OF PILES.*

Dr. J. W. Girard, of Winchester, Tennessee, says: "If my experience with the use of the hypodermic syringe in hæmorrhoids be worth any thing to the profession, I give it cheerfully. I have used it for about ten years, and have treated, I think, about 200 cases without a single failure, and in no case has the tumor returned thus far. My course of treatment is generally to take one part of tannic acid, two parts of carbolic acid, four parts of alcohol, and eight parts glycerine. I inject each pile separately, and, in a few days, they slough away, and generally heal kindly under dressings of carbolated cerate. If there be much constitntional disturbance, I generally control it with a steam bath or a hot sitz-bath."—*Med. Bulletin.*

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## *THE DIAGNOSIS OF FRACTURES NEAR A JOINT.*

This is oftentimes a very difficult matter, and has frequently caused the sweat of anxiety to bedew the forehead of the most experienced surgeon. Crepitus, deformity and mobility, these classical signs of fracture, Dr. Oscar J. Coskery tells us in the *Med. Chronicle* for July, are not infrequently wanting. But there three other signs that stand us in good stead; *fixed* pain, the *site* and *quantity* of the hemorrhage, and the *perfect helplessness* of the limb. It often happens, as for instance in fractures of the fibula alone, that we can observe no *deformity*, *crepitus* or *mobitity*, but, if we follow the line of the fibula up, at *one* certain point the tip of the finger elicits pain. If this is always complained of whenever pressure is made upon this point, he thinks the diagnosis is plain. The pain is evidently due to the soft parts becoming irritated by the sharp edges of the fractured surfaces.

The second of these signs, the *site* and *quantity* of the hemorrhage, should be considered thus: The patients whose cases he details, fell, striking upon the *outer* side of the limbs, and ecchymoses slowly made their appearance on the *inner* side, and then in considerable quantity. Had the bleeding been the result of contusion alone, it not only would have appeared sooner, but at the point injured. As it was from the small and non-contractile vessels of the bone, the bleeding was longer in progress than it

would have been in the soft parts, where, very probably, a larger vessel would have been ruptured. Again, during this slow bleeding the blood had time to gravitate to a dependent position, or direction of easiest escape.

The absolute helplessness of that portion of the limb that contains the broken bone is, probably, the most important of these signs. The fact that a patient has not made a step after the accident, or raised his hand above his head, is a strong point to start from in attempting the diagnosis.

There is one mistake that he has several times seen made in diagnosticating fractures of the femur. When the patient is told to raise his thigh from the bed he can do so by contracting the hamstring muscles, sliding the heel upon the bed, and thus the lower end of the femur is pushed up by the head of the tibia; but the psoas-magnus and the iliacus do not contract.—*Med. and Surg. Reporter.*

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## *THE TREATMENT OF HYPERIDROSIS.*

Dr. Henry Wile thus writes in the *Atlanta Med. and Surg. Journal* for September.

In the matter of treatment, one of the first injunctions to the patient is cleanliness. The milder forms affecting the axillary, genital regions, palmar and plantar surfices, usually yield to simple measures, such as the use of astringent washes and powders.

Tannic acid ten to thirty grains to a half pint of water; extract aconite ten grains to alcohol and ether each four ounces; a saturated solution of boracic acid; naphthol ten to forty grains to the ounce of deodorized alcohol, will all be found of value. Painting the parts with pure tincture of belladonna often acts happily. Bulkley recommends for most cases chloral, one ounce to the pint of water. These lotions should be applied freely for three to ten minutes at a time, two or three times a day, according to tbe severity of the case, each application being followed by the use of some absorbent powder. The following may also be found to be of advantage:

Salicylic acid, ten grains to the ounce of starch; burnt alum, one drachm to salicylic acid and venetian talc, each two ounces. Where the skin is in apposition, as in the groins or between the toes, the powder should be used with absorbent cotton. Sometimes a case will resist ordinary measures, and, being obstinate, will require persistent systematic treatment.

In hyperidrosis of the soles, when the simple means indicated above fail to effect a cure, the diachylon ointment treatment, as

originally recommended by Hebra, will give satisfaction. Diachylon ointment is composed of litharge and olive oil, in the proportion of one part to four. They are mixed, and allowed to boil slowly to the consistency of an ointment, after which oil of lavender is added in quantity one-tenth the amount of litharge. The ointment is spread on linen and applied to the soles of the feet, which should be previously washed and carefully dried. The plaster may be kept in position by means of a thin gauze bandage or socks. The application ought to be made twice daily for fourteen days, each time the surface of the skin being rubbed gently with dry, absorbent cotton. It is better for the patient to keep a recumbent position during the treatment, or walk as little as possible. Water is also to be kept from the parts during the treatment. The old and diseased epidermis gradually exfoliates, and new, healthy surface is exposed. The use of some absorbent powder should be kept up a few days longer. Occasionally the procedure may have to be repeated, but by this means a thorough cure can be effected.

The internal treatment of hyperidrosis consists in the administration of tonics, where these are indicated for the correction of any debilitated condition of the system. For its direct inhibitory action upon the secretory apparatus of the skin, atropia in gradually increasing doses has been recommended.

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## *WHEN A PATIENT DIES OF EXHAUSTION, FROM WHAT DOES HE DIE?*

In the Section of Medicine at the annual meeting of the British Medical Association in Cardiff, J. Milner Fothergil, M. D., Physician to the City of London Hospital for Diseases of the Chest, read: When this question first puts itself to one's self, or is propounded to another, it seems absurd. That is the first impression. Then follows another impression, to the effect of what is meant by "exhaustion." For the answer to that, I must appeal to the experience of each man present. We all know what is meant by death from exhaustion. It is "failing power." We know of death from shock, from hemorrhage, from nerve-failure, as in death from sheer pain. We also know of that form where the patient sinks before our eyes, slipping away because we cannot "keep up the strength," or "husband the powers," or "maintain life," as we variously phrase it. We know well that, when the sick man declines food, in a limited time he will sink. Starvation is a slow form of burning up. But what is burnt up? The fuel-food of the body, clearly. The fuel of the body is glycogen, and fat—the stored form of fuel. How fat is burned in

the body, we do not know; but we all know of the fat pig which was buried under a chalk-cliff at Dover for 160 days. It weighed 160 lbs. when it was immured; when dug out, it weighed 40 lbs. only. It lost 120 lbs. in 160 days, and came out a lean pig. It got some moisture.

Glycogen is burnt, we believe, as lactic acid in union with soda—lactate of soda. From the carbohydrates of our food, glycogen or animal starch is stored, mainly in the liver. This glycogen is stored up from each meal, and given-off as grape-sugar, as the body requires it. Disturbance in the glycogenic function of the liver gives us diabetes, a wasting disease. In the diabetic person the combustible portions of the body are burnt up, just as in death by starvation. The liver gives off grape-sugar as long as it has any to give; and, when its store (and the spare store, the body-fat) is exhausted, then the lamp of life dies out, just as the lamp on our study-table dies out when the oil is exhausted.

Now how does all this bear on our patient sinking from failure of the powers, otherwise "dying of exhaustion"? It bears very materially upon this case. Virtually, the patient is hungering to death; he is dying of starvation. How do we feed that perishing patient? We give him beef-tea, calf's-foot jelly, alcohol, and milk, and seltzer water, or other effervescing-water. He may get a small quantity of other foods; but that just given is the staple of his regimen. Now, let me ask, in all seriousness, how much of the body-fuel (grape-sugar) is contained in the list? A small quantity of milk-sugar there is certainly; also, a small quantity of fat in the milk; some oxidizable alcohol certainly. But are we not mocking the famishing man by giving him a stone when he asks for bread?

Fashion prescribes the food of the sick-room to a large extent. Veal-broth had given way to calf's foot jelly when my professional experience first began. Then a patient who had not had calf's-foot jelly had been neglected—was the verdict of the public. Now the calf can scamper about in safety; its feet are not in demand. Now it is beef-tea which holds the place of honor in the sick-soom. As a stimulant, as a pleasant vehicle of something else, beef-tea is valuable; but its food value is so small, that it can scarcely be classed as a food.

I do not desire to speak disrespectfully of beef-tea, nor yet of the motives of those who carefully prepare it, believing it to be a mighty force. I only maintain that to feed—no, that is not the appropriate word—to give a patient beef-tea as food, is to give him a stone when he asks for bread. What that beef-tea needs is grape-sugar. How can this be added? In all our prepared

foods, known generally as "baby food," starch has been converted into the soluble dextrine, or maltose; the one grape-sugar, the other only requiring a touch of saliva to complete its conversion. Add some of this material to the beef-tea, and then food is supplied to the famishing system. Starch that has long been exposed to heat (either by the baking process or the malting process) is converted, more or less completely, into grape-sugar. The saliva of the sick person is enfeebled—but on this matter we have only broad impressions, and more precise information is desirable—and so carbohydrates should be provided which do not require insalivation for their solution, being already soluble. Such carbohydrates are now to hand, as may be seen in the museum. There are to be seen malt-extracts containing not only soluble carbohydrates, but also some soluble albuminoids, and phosphatic salts, ground malt of like composition, also grape-sugar itself. The latter is not to sweet to pall upon the palate when added to beef-tea, or other meat-broth. —*Brit. Med. Journal.*

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## *PORT-WINE MARK—ELECTROLYSIS.*

Dr. W. A. Hardaway, of St. Louis, at the Amer. Derm. Ass'n, stated that in the treatment of this affection, the object is to excite sufficient inflammation to cause occlusion of the vessels. Electrolysis seems to be the most convenient way of doing this. At first the speaker had used a bundle of needles, but after the use of such, the reaction is too violent, and there is, moreover, a great tendency to keloidal development, so that he now employed only the single needle. It is important to allow a period of some weeks to elapse between the operations. The histories of three cases were given in which this method had been employed, in two of which with marked success, in the third the result was unsatisfactory.

Dr. White used this method in one case, and had produced considerable improvement.

Dr. Wigglesworth had seen good results in telangiectasis from cutting the vessels in two places and using a preparation of iron, thus closing up the dilated vessels. The worst case of telangiectasis that he had ever seen, occurred in a middle-aged lady whose face, in consequence of the disease, was bright red in color. He treated her for three or four years with a marvellously good result.

Dr. Fox said that we all admit that spider cancers and telangiectasis are amenable to treatment of different kinds, but when we come to port-wine marks, we find a difference. He

thought that better results can be obtained by electrolysis than by other measures, but it does not remove the trouble entirely. He has used the treatment with puncture and carbolic acid with fair results. In one or two cases he has passed the electrolytic needle deeply into the tissues, endeavoring to strike the artery of supply, and sometimes has produced a decided effect.

Dr. Denslow, of St. Paul, recently saw a case of port-wine mark on the labia majora of an infant. This had ulcerated when the child was brought to him. As a temporary measure, he applied the liquor gutta-percha. In two days, without other treatment, the whole mark sloughed out, leaving nothing but a simple ulcer, which completely healed in the course of three weeks.

Dr. White said that the course in the case mentioned by Dr. Denslow is not an uncommon one in infants.

Dr. Hardaway held that the advantage of the electrolysis is that it is manageable. A practical point might be referred to, and that is, if after the operation the part be frequently mopped with hot water, the inflammatory disturbance will be greatly lessened.—*Phila. Med. News.*

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## *THE CURE OF HERNIA IN THE INFANT.*

De Garmo (*Med. Record*).—In reference to hernia, as we find it in the adult, it is impossible to speak with any degree of certainty respecting a cure; but in hernia in the infant, careful, early, and persistent treatment will be rewarded in almost every case by a cure. Special mention is made of two or three causes of infantile hernia, which, if not recognized and removed, will prevent success in treatment. Phymosis is not only a more frequent cause than is generally supposed, but its presence is an almost insurmountable obstacle to the cure of the case on account of the straining that accompanies urination. This difficulty should be removed before beginning the treatment for hernia. Not infrequently constipation is the cause of hernia in infancy, and inquiry should always be made on this point. Another cause is the frequent habit of tight bandaging which forces the viscera into the lower part of the abdominal cavity, producing undue pressure in this region. The assertion by some writers that congenital hernia is by its very nature incurable, is wholly incorrect. If complete and constant retention of the hernia be accomplished by the judicious application of pressure over the canal, a cure can be obtained about as quickly as in any other form of hernia. A complication of genital hernia is the presence of fluid within the abdominal cavity which descends into the scrotum with the

# CHEKEN.

## (Myrtus Chekan.)

**A Valuable Adjuvant in the Treatment of Chronic Bronchial Affections of an Inflammatory or Catarrhal Nature.**

This plant indigenous to Chili, was introduced to the profession by Dr. Murrell, the famous English therapeutist and collaborator of Ringer. Dr. Murrell found Cheken to be of great value in chronic cough especially in the "winter cough" of elderly people.

An entensive trial of this remedy has not only confirmed Dr. Murrell's observations but has widened the range of the therapeutic application of Cheken so that at the present time it is looked upon on account of its alterative and demulcent properties as an indispensable addition to "cough mixtures," particularly in those intractable cases of long standing which have assumed a subacute or chronic course. The dose of the fluid extract which we manufacture is from one to two fluid drachms.

☞Send for Working Bulletin containing a scientific history of the plant and clinical reports of its application in medical practice.

# LIPPIA MEXICANA.

**A Remedy for Coughs due to Catarrhal Inflammations of the Respiratory Tract.**

In its native habitat this remedy was long known to possess medicinal virtue in the treatment of coughs. Its popular use led to a scientific investigation of its claims which has resulted in its general introduction to the medical profession, and a clinical test of its merits by physicians has confirmed the popular opinion of its value.

☞Send for Working Bulletin on Lippia Mexicana should you desire to investigate the drug.

# YERBA REUMA.

## (Frankenia Grandifolia.)

**An Astringent and Alterative in Catarrh of the Naso-Pharynx in Vaginal Leucorrhoea and in Chronic Catarrhal Inflammations in General.**

This remedy has been employed both internally and topically in a variety of catarrhal affections with results which justify its extensive trial by physicians.

Clinical reports of its employment in medical practice have been collected in a Working Bulletin which we shall be pleased to mail on application to all those interested in trying Yerba Reuma in their practice.

## PARKE, DAVIS & CO.,

Manufacturing Chemists, - DETROIT, MICH.

NEW YORK: 60 Maiden Lane and 21 Liberty Street.

# EUPHORBIA PILULIFERA.

## For the Relief of Spasmodic Asthma and Asthma Complicating Bronchitis.

There are certain conditions of disease which, although their cause and method of production are well known, persist in spite of the skill of the physician and often prove intractable to all forms of treatment. Asthma is one of these. Innumerable remedies have been tried for its relief, but few have been proven to be possessed of any therapeutic efficacy.

Euphorbia Pilulifera, the latest aspirant for professional favor has, however, after careful trial clearly demonstrated that it possesses anti-spasmodic, tonic and slightly narcotic properties, which better than any agent before presented meet the indications for treatment in asthma. Our preparation of this drug is made with great care, and reports of its medicinal efficacy already received warrant us in soliciting a further trial of the drug and reports of results obtained.

☞Descriptive circulars and samples furnished on application.

# YERBA SANTA.

(ERIODYCTION CALIFORNICUM.)

## A Demulcent Expectorant in Harrassing Cough and in all Inflammatory Irritations of the Respiratory Tract.

Both in hospital and private practice this remedy has been subjected to a thorough trial, and the reports of its use are unanimous in according it a place among remedial agents unequalled by any other in the treatment of the distressing cough accompanying inflammatory affections of the respiratory mucous membrane. Its action has been likened to the combined action of ipecac and balsam of Peru, but it possesses, in addition, through its resinous principles, an action which is wanting in these valuable drugs in irritative bronchitis.

## AROMATIC SYRUP OF YERBA SANTA.

### QUININE RENDERED TASTELESS.

Yerba Santa possesses the property of concealing the taste of quinine and we have prepared a syrup of Yerba Santa and certain aromatics, formula for which we publish in full, which has become very popular with all who have employed it as a vehicle for the administration of the bitter alkaloid and its salts.

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hernial contents. In these cases a properly fitted truss, with a small convex pad, will retain the intestine, and the fluid will, ordinarily, disappear within the first month or two. Hydrocele is a frequent complication of hernia in infancy, and tapping is usually sufficient for a cure. With reference to the proper age to begin treatment, the writer has frequently begun on infants two weeks old; one month should certainly be the limit as to the length of time that should be allowed to elapse before treatment is commenced. Intestinal irritation appears very commonly in infants afflicted with hernia, and as commonly disappears when the hernia is properly retained. The hard-rubber truss is the only one perfectly adapted for use on infants; springs protected by this substance retain their elasticity, do not corrode by frequent wettings, and the entire truss can be washed daily. The best style of spring for single hernia is that which crosses the front of the abdomen and passes around the hip opposite to the affected side. A small, oval pad, located as nearly as possible over the internal ring, is the best for use.—*Medical Digest.*

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## *TREATMENT OF GONORRHŒA.*

Gonorrhœa may be successfully treated with the following injection: ℞ Zinci sulph., grs. xxv.; bismuth subnit., ʒ iss.; ext. belladonnæ, grs. xx.; aquæ, ʒ viii. M.—Sig. Inject one or two teaspoonfuls four or five times a day, and just before retiring.

We have found this more generally useful than any other injection we have ever employed.—*Can. Lancet.*

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## *BITE OF RABID ANIMAL.*

For the effectual cauterization of the bite inflicted by a rabid animal, a few drops of strong mineral acid are worth all the lunar caustic in all the chemists' shops of London. Means nearer to hand, and as effectual when thoroughly used, are found in the actual cautery—which can be extemporized out of an ordinary knitting pin or the points of a pair of scissors heated to bright redness in the fire. Another means, even more readily available in some cases, is found in gunpowder, which can be placed on the wound and fired by an ordinary match. This is a plan which has been adopted in the case of snake-bite with success. These rougher methods are, of course, more painful in accordance with their more efficiently destructive efficacy. But pain is a minor consideration under such circumstances, and is willingly borne by the sufferer in consideration of the far

better chance of cure which accompanies it. It can be much mitigated by temporarily tightening the ligature which ought always to be bound above the affected part, wherever its application is anatomically possible; and by the subsequent application of pure carbolic acid—itself an antiseptic caustic of no mean power.—*London Med. Times.*

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## *A NEW EMMENAGOGUE.*

Dr. J. Matthews Duncan, of St. Bartholomew's, London, in a course of lectures on the subject of amenorrhœa, mentions the only emmenagogue medicine with which he is familiar. It is not to be found in the pharmacopœia. It is erotic excitement. Of the value of erotic excitement he has no doubt, but it is only in a modified and carefully considered way that it can be used immediately. There are many points at which medicine and morals come into contact, and their consideration is most important. A long lecture might, with great advantage, be given, describing the mutual relations of the one to the other, and especially with a view to the present subject—the therapeutic power of morals in medicine and the therapeutic power of medicine in moral. The inducement of this erotic excitement, if it is to be induced at all, must be at the wisdom and discretion of the practitioner, who must be the judge of the extent to which it may be advisable to allow the therapeutic properties of this condition to trench on its moral aspects. Few physicians, we take it, will be prepared to take the responsibility of advising it as a therapeutic measure.—*Jour. Amer. Med. Association.*

[We must part company with Dr. Duncan when he takes this road. When the physical conditions necessary to menstruation are present, that function will be performed without erotic excitement as a rule. In the rare cases in which the only factor wanting is normal innervation, the emmenagogue of Duncan might be useful in securing the physical function, but the cure in most cases would be worse for the patient than the disease.] —*Med. Digest.*

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## *TO PURIFY DRINKING WATER.*

Professors Austen and Wilber, after the most elaborate experiments, consider it established that by the addition of two grains of alum to the gallon, or half an ounce to the hundred gallons, water can be clarified by standing, and that neither taste nor physiological properties will be imparted to it by this treatment. By increasing the amount of alum, the time required

for separation and settling can be diminished; and *vice versa*, by diminishing the amount of alum added, a greater time will be required for its clarification. The solution of alum is made as follows: Dissolve half an ounce of alum in a cup of boiling water, and when it is all dissolved pour into a quart measure and fill to a quart with cold water. This solution should be kept in a bottle labelled "Alum." Fifty-four drops of this solution contain two thirds of a grain of alum, which is the amount to be added to one gallon of water. The old-fashioned teaspoon holds about forty drops, the new spoons, however, hold about seventy drops. Hence a modern teaspoon, scant full, will be about the right amount to add to every gallon of water to be filtered.—*St. Louis Cour. Med.*

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## *REPEATED ATTACKS OF SCARLATINA IN A CHILD.*

At the N. Y. German Physician's Soc., Dr. Gustav Langmann reported a case of a boy, fourteen years of age, who had had twenty-four attacks of scarlatina. About twelve years and a half ago the patient had his first attack of scarlatina complicated with diphtheria. This occurred in the year 1871, and since that time he had had a regular attack of scarlatina every spring and fall. The rash, agina, rise of temperature, and especially the characteristic desquamation of the palmar surface of the hands, left no doubt as to the correctness of the diagnosis. The urine never contained albumen, and the temperature was seldom higher than 102° F. Dr. Langmann also stated that it was not rare for a patient to have scarlatina more than once.

Dr. William Balser had observed a case in which the patient had six attacks of scarlet fever.

Dr. Herman G. Klotz said it was important to remember that *erythema exudativum* occurred most frequently in the spring and autumn, and also called attention to the fact that, after an exanthema brought on by quinine, a desquamation of the palmar surface of the hands occurred.—*N. Y. Med. Jour.*

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## *ELEVATION OF THE ARMS AS AN INDICATION OF PERITONITIS.*

Dr. Lediard, in *The Lancet* of September 19, 1885, refers to this subject. He calls to mind that there are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature,

respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc., may further entail difficulties in diagnosis which might be in some measure overcome by the observance of a well-established position pathognomonic of a disease. He then alludes to one disease and one posture, which seem to be rarely dissociated, at least in the adult. Many years have passed since he was first struck with a posture which he has generally found to be a truthful indication. On November 19, 1871, a waiter, aged twenty-two, was brought into the Edinburg Infirmary, under the care of the late Professor Spence, whose house-surgeon he then was. The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head with the elbows out—*i. e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within twenty-four hours, he was observed to raise the left thigh; finally, the hands were constantly behind the head and the knees completely drawn up. Death occurred on the fourth day from general peritonitis. In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, the author has constantly observed the position taken by the patient to be similar to that described. The raising of the arms is, in his belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput. The explanation is simple enough; the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion; the raising of the arms moves the scapula upward and forward, and the serratus magnus being drawn upon still further tends to relieve the thorax from pressure, while the dorsal position of the trunk with an extended spine favors respiratory movement.—*Med. Record.*

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## *BUTTERMILK AS A REMEDY FOR VOMITING.*

Dr. J. H. Owings, of Deer Lodge, Montana, states that he has used buttermilk for the purpose of checking vomiting for ten or twelve years past—in as many as fifty cases, he thinks—without a failure. He knows of no other remedy equally satisfactory, and regards it as especially serviceable in cases of severe vomiting after a prolonged debauch.—*N. Y. Med. Jour.*

## *CARBOLIC ACID IN INDIGESTION.*

Nearly all writers upon the subject of dyspepsia recommend the use of creasote or carbolic acid as a remedy for gastric fermentation and eructations. Several physicians have recently called attention to the almost specific value of this carbolic acid in conditions where the stomach appears to be hyperæsthetic as well as filled with the gases of decomposition.

Dr. Fenwick, some years ago, recommended glycerine and carbolic acid in these conditions. Mr. J. F. Dixon, in a letter to the *British Medical Journal*, says that a few years later he was tempted to follow Fenwick's method, and try carbolic acid in indigestion associated with tenderness of the stomach, ascidity, and flatulence. "In most instances," he says, "the result was very striking; cases which had proved very intractable yielding immediately to its influence. I used it of the same strength which I have always used for the eye; that is, two minims to the ounce of water, usually with the addition of five grains of carbonate of sodium and twenty-five minims of aromatic spirit of ammonia.

Mr. Edward Berdoe adds, in the same journal, that he has found carbolic acid most useful in fermentative dyspepsia, accompanied by sour rising and eructations of gas, with pain after meals.

"The dose," he writes, "is from five to ten minims, in mint-water or other convenient vehicle. As it mixes well, I think it a more elegant and safe form than a solution of the acid in water only. When there is much pain in the stomach after food, I have found it useful to add five or six minims of the liquor opii sedativus to each dose; and, when there is want of tone in the seat of digestion, and bad appetite, five to ten minims of the tincture of nux vomica will often be found serviceable. I have found these remedies also very valuable, in the above combination, in cases of pyrosis, where, I think, the sedative influence of the carbolic acid on the mucous membrane is far more useful than the bismuth one usually given in such cases."

Dr. Yandell says editorially in the *American Practitioner*: "Carbolic acid has for many years been much used by the physicians of Louisville in indigestions of one kind and another, and may be fairly said to have secured a permanent place among the remedies for this class of troubles. The late Professor Lewis Rogers, of this city, first gave it in a painful condition of the stomach, accompanied by eructations, in a woman convalescing from typhoid fever. The result was so satisfactory that he directed it in other cases, spoke of it in our medical societies,

and led to its being very generally adopted by the profession here. In hyperæsthetic pyrosis it is particularly valuable; and in fermentative diarrhœas, especially those accompanied by excessively offensive dejections, either in adults or children, it is efficacious beyond most drugs."

Altogether there is evidence that carbolic acid, by virtue of its two-fold powers of disinfectant and sedative, should play an important part in the therapeutics of dyspepsia.—*Med. Record.*

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## *URETHRAL DISCHARGES—FERRIER'S SNUFF.*

Dr. Ferrier's snuff, dissolved in water, makes an excellent injection for urethral discharges, as gleet, gonorrhœa, etc. It consists of six drachms of sub-nitrate of bismuth, two drachms of powdered gum acacia, and two grains of morphia. This quantity may be dissolved in six ounces of water, to be used with a small syringe.—*Med. World.*

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## *PRURITUS, GENERALIZED AND LOCAL—VERATRUM.*

It is a well-known fact that at the period of the menopause it is a difficult matter to calm the pruritus resulting from the presence of prurigo, eczema, urticaria, and herpes, where these varieties exist without eruption. Veratrine is a specific in such cases, and when used locally, with precaution, accomplishes wonders. An ointment as follows is most valuable:

| | |
|---|---|
| Veratrine | 15 centigrammes |
| Axunguæ | 30 grammes. |

Use a particle locally the size of a small pea. When the pruritus is general, the veratrine should be administered internally in the following doses:

| | |
|---|---|
| Veratrine | 2 centigrammes |
| Licorice Powder, | q. s. M. |

Fiat 40 pillules.

Sig.—Two to six pills a day.

—(*Lyons Medical*) *Cin. Lan. and Clin.*

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## *PREGNANCY AFTER DOUBLE OVARIOTOMY.*

Schatz, in the *Centralblatt fur Gynakologie*, records the case of a woman who became pregnant after the operation of double ovariotomy. The woman for a long time had suffered abdominal pain, and the operation was performed February 20, 1880. The left ovary was found to be in a condition of fibroid degeneration,

and was completely removed together with the external portion of the corresponding Fallopian tube. The right ovary also showed signs of cystoid degeneration, and was removed, with the exception of a small band—at the most only one twelfth of an inch wide. The right Fallopian tube remained intact. Cure resulted without incident, save the occurrence of an abcess formed in the path of one of the sutures. A month after operation violent pain in the hypogastrium and thigh was experienced, in lieu of the menses; but finally, on June 20th, menstruation occurred and continued up to the time of the patient's marriage, April 23, 1884. The symptoms of pregnancy were well marked at the beginning of September, and accouchment at term occurred May 12, 1885, after thirty-six hours' labor.—*Phila. Med. News.*

## *THE COMMUNION CUP.*

*Apropos* of your remarks on affected ice-creams in your last issue, a question has occurred to me. Are we not running a similar risk—though perhaps a less one—in the present mode of administering the Holy Communion? Is the slight turn of the cup which communicants may be observed to make not indicative of a suspicion of danger in the public mind? Might not a gentle wiping of the rim of the cup by means of a clean white napkin be introduced?

MEDICAL OFFICER OF HEALTH.

(The practice suggested by our correspondent is, we believe, in vogue amongst certain religious communities.—ED. L.)—*London Lancet.*

## *HOW TO REMOVE SMALL BODIES FROM THE EYE.*

The eye is frequently irritated by the entrance of bits of straw within the lids. If a grain of flax-seed is placed under the inferior eye-lid and the eye closed, it immediately becomes surrounded by a thick mucilage which entraps the foreign body, and soon carries it out from the angle of the eye.—*Med. World.*

## *SANTONIN IN AMENORRHŒA.*

The following is from a communication by Walter Whitehead, F. R. C. S. Eng., F. R. S. Edin., Surgeon to the Manchester Royal Infirmary: At the risk of being regarded premature, I wish to attract early attention to the therapeutic value of santonin in the treatment of some forms of amenorrhœa, especially when associated with chloroanæmia.

Some years ago, during my attendance upon a young lady of seventeen, suffering from an obstinate ingrowth of a toe-nail, it was incidentally mentioned that the patient had symptoms suggestive of worms. I prescribed ten-grain doses of santonin to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms, however, made their appearance, but a few days afterwards I was casually told that menstruation, which had been in abeyance for several months, had again taken place, and in a much more healthy manner than formerly. The coincidence did not impress me at the time, and I never for a moment supposed that the reappearance of the catamenia had the most remote connection with the two doses of santonin. The subject did not cross my mind again until upwards of twelve months afterwards, when one day, whilst prescribing for a young girl suffering from ozena, I was forcibly struck with her chloro-anæmic appearance. Influenced by some impulse—"the association of ideas," I suppose—I ordered santonin in the same manner and in the same doses as in the previous case, and, much to my surprise I must confess, with the same results. I have frequently since administered santonin in amenorrhœa with almost universal success, and in many cases after the ordinary remedies, including the permanganate of potash, have been tried in vain.

* * * * * * *

In cases of chloro-anæmia, subordinate to amenorrhœa, the drug appears to be of the most signal value, as I have invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided.—*London Lancet.*

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## *CONCEPTION AFTER SCRAPING OF THE UTEINE CAVITY.*

B. Schultze warns against the use of the curette in women not past the child-bearing period, believing that thereby conception is rendered difficult, if not impossible. But Duvelius has collected sixty cases in which conception followed the scraping of the uterine mucous membrane, and Benicke has reported ten of the same nature. In three of the latter group the curette was employed twice. In these ten cases there were thirteen conceptions within sixteen months—five abortions, and eight pregnancies going to full term. In two cases conception followed within five weeks after the operation.—*Wiener Medizinische Wochenschrift.*

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# HYDROLEINE!

(HYDRATED OIL.)

**For Consumption and Wasting Diseases, producing immediate increase in flesh and weight.**

FORMULA—Each Dose of Two Teaspoonfuls equal to 120 Drops, contains:

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| Pure Cod Liver Oil | 80 m (drops) | Soda | 1-3 Grain. |
| Distilled Water | 35 " | Boric Acid | 1-4 " |
| Soluble Pancreatin | 5 Grains. | Hyocholic Acid | 1-2 " |

Hydroleine furnishes to the stomach that requisite which is certain to allay further waste of the body, and insures to the patient an increase in flesh and weight; it contains 67 per cent. pure Norwegian Cod Liver Oil. In nutritive value, each bottle exceeds ten times the same bulk of Cod Liver Oil.

Hydroleine is palatable and readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsions are rejected. Sold at all Drug Stores at $1 per bottle.

The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. Bartlett, Ph. D., F. C. S., and experiments with cases illustrating the effect of Hydrated Oil in Practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. Overend Drewry, M. D. *Copies of these works sent free on application.*

For information of the good results obtained from the use of Hydroleine, we respectfully refer to a few of the many thousands of Physicians who have prescribed it.

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BALTIMORE, MD.—Drs. T. F. Murdock, S. Theobold, F. A. Sauer, J. R. Andre, W. E. Mosely, S. Johnson, J. B. Boyle, E. F. Cordell, E. White, H. T. Raynolds, W. Winsey, A. T. Bell.

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Physicians will find this Wine an efficacious remedy, where disease indicates the administration. Of all preparations of Phosphorus the Hypophosphites are the most easily asssimilated, thus rendering it a superior medicine in an impoverished condition of the system, as in Phthisis, Nervous Depression, Scrofulous Ulceration, Debility from prolonged lactation, and in all diseases in which the vital forces are impaired. The combination with pure wine aids its Tonic action, and makes it palatable and acceptable to the most delicate stomach. This preparation *alternated* with Hydroleine (Hydrated Oil), will greatly aid in building up the debilitated system. Put up in 12 oz. bottle. Price, at retail, $1.

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FOR INDIGESTION AND DYSPEPSIA.

FORMULA—Each Dose of Two Teaspoonfuls contains:

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| Pure Pepsin | 10 Grains. | Pure Ptyalin | 3 Grains |
| Pure Pancreatin | 6 " | Choleate of Soda | 1-4 " |

A Potent Remedy for Indigestion, Acute and Atonic Dyspepsia, Chronic and Gastro-Intestinal Catarrh, Vomiting in Pregnancy, Cholera Infantum, and in convalescence from Acute Diseases. It is *palatable* and acceptable to the stomach. Retail Price, $1 per Bottle (12 oz).

A sample bottle of this preparation will be sent to any Physician who will pay carriage.

Messrs. Wm. F. Kidder & Co.—*Sirs:* I have been troubled many years with periodical Dyspepsia. The intervals lately have become shorter and more distressing. A sample of your Digestylin fortunately came to hand when I was suffering severely from an attack. The formula looked promising, and I thought I would give it a trial. It acted immediately and almost like magic. The taste was pleasant, and I could feel it touch the spot. The fulness, weight and pain that usually followed eating, disappeared. I did not suffer from acid eructations, which with Heartburn, had so afflicted me. I am satisfied that in most forms of Dyspepsia your Digestylin is just the thing. I have been extensively engaged in Practice for nearly forty years, and I have never found any thing that acted so quickly and so satisfactorily as did your Digestylin in my case. Respectfully, HENRY S. FIRTH, M. D., 203 S. Fifth St., Brooklyn, N. Y.

TOLEDO, Ohio, March 14, 1885.

Messrs. Wm. F. Kidder & Co.—*Gentlemen:* Your agent left me a bottle of Digestylin in order that I might give it a trial in a case of stomach trouble running through a period of five or six years. The medicine proved very effective, relieving patient more than any medicine before taken, and she used many different remedies. Very respectfully, O. N. TINDALL, M. D.

Messrs. Wm. F. Kidder & Co.—*Gentlemen:* I have used your Digestylin and find it excellent in Indigestion and Dyspepsia. Respectfully, F. JACOBY, M. D., Columbus, Ohio.

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BERBERINA—of a bright yellow color, the salts of which are known in commerce as Sulphate, Muriate and Phosphate Berberina (Hydrastia).

HYDRASTIA, crystallizing in WHITE prismatic forms and insoluble in water.

XANTHOPUCCINA, or the unknown third alkaloid, of a dark yellow color, but which has never been carefully isolated, and is unknown in commerce.

THE USE OF FLUID HYDRASTIS IS SUGGESTED in all affections of the mucous surfaces; correcting abnormal conditions characterized by profuse discharge of tenacious mucous, sub-acute inflammation, erosions and superficial ulcerations.

## Hydrastia Sulph. (Berberina Sulph.)—Merrell.

This is the Sulphate of Yellow Alkaloid, which we present in Crystals to guard against the substitution of impure and unskillful preparations in a powdered form.

Subsequent to its introduction by us under its present commercial title, this salt was identified as Berberina by Mahla, Durand and others; but we do not consider it advisable to change the name by which it is known among the Profession until its identity shall be more fully known and recognized by them.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Approximate Solubility in Cold Water, | - | - | - | - | - | 2 1-2 | gr. to | 1 oz. |
| " " " Hot Water, | - | - | - | - | - | 12 | " | 1 oz. |
| " " " Alcohol, | - | - | - | - | - | 3-4 | " | 1 oz. |

Administered in powder, combined with sugar or milk, or in solution; the latter is preferable. Dose.—1-8 to 1-2 grain.

Dr. Roberts Bartholow's Formula for the use of Hydrastia Sulph. in Gonorrhœa, after the acute stage has passed.

℞ Hydrastia Sulph. pure, - - - - - - - grs. x. }
Mucilage Acacia, - - - - - - - oz. i. j. } Mix.
Aqua Rosæ, - - - - - - - - oz. iv. }

Use 1-2 oz. as an injection.

Dr. J. M. Scudder's Formula for its use in Habitual Constipation.

℞ Hydrastia Sulph. pure, - - - - - - 1-4 gr. }
Podophyllin, - - - - - - 1.20 gr. } Make one pill.

For general indications for its use, send for our circular upon the subjects of "Sulphate Hydrastia," and "Fluid Hydrastis."

## Sanguinarina Nitrate—Merrell.

A new salt, first prepared and introduced by us. The indication for its use is distinct and positive; a sense of constriction in the throat, with difficulty in deglutition. In DIPHTHERIA, BRONCHITIS, PNEUMONIA and LARYNGITIS, either acute or chronic, it will prove curative. Soluble in Alcohol, Water, Glycerine or Syrup. For use, add 1 grain to 1 to 4 oz. syrup or water.

For further information, consult our circular, on the uses of this salt.

## Pepsin (Re-precipitated.)—Merrell.

Advantages: absolute cleanliness and freedom from odor; definite strength and reliability.

## Solution Bismuth and Hydrastia—Merrell.

COLORLESS, AND HIGHLY PERFUMED. A solution of the double Citrate of Bismuth and Hydrastia (WHITE ALKALOID), adapted to the local treatment of diseased mucous tissues. Each fluidrachm contains 2 1-2 grains, 25 per cent. of which consists of Hydrastia Citrate. The solution possesses no distinctive action upon tissues when over applied, and is indicated in all irritation, inflammation or ulceration of the mucous structures, as of the stomach, eye, uterus, vagina, urethra and bladder. As an injection in leucorrhœa and gonorrhœa, or as a topical application to the eye, mouth, or fauces, it should be reduced with distilled or rain water, one part of the solution to four or five parts of water. It is very successfully applied in a spray in ophthalmia, and catarrhal affections.

## Salicylic Acid (in Crystals.)—Merrell.

(Prepared from Oil of Wintergreen.) Salicylic Acid from Wintergreen is LESS IRRITATING and better borne by the stomach when used internally; and as an external application is MORE BLAND than the commercial acid. This acid, in solution, is used with marked advantage as a spray in Chronic Nasal Catarrh; Chronic Pharyngitis, and as an injection in some cases of Leucorrhœa or Gleet.

## Tincture Gelsemium—Merrell.

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Is without a superior in the market. We challenge comparison as to COLOR and FLAVOR; characteristic richness as a NUTRITIVE FOOD or per centage of ACTIVE DIASTASE.

## Liquor Secalis Purificatus—Merrell.

[FLUID ERGOT, PURIFIED.] This preparation is especially valuable for HYPODERMIC MEDICATION and TOPICAL APPLICATION; for which purposes the Official Fluid Extract is not admissible.

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## *CANCEROUS CACHEXIA.*

Dr. Goodell says it is a great mistake to suppose that the cancerous cachexia is present in every instance of cancer of the uterus. He thinks that it is absent in one half the cases which come to him for treatment. Instead of being lean, bony, and scrawny, with a leaden hue of the countenance, many of these cases present a buxom appearance, with rosy cheeks. These cases, according to his observation, are less amenable to treatment and are less benefitted by operative influence than are those in which cachexia is apparent early.—*Med. Bulletin.*

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## *REPEATED ATTACKS OF ERYSIPELAS.*

M. Verneuil read a paper on this subject at a meeting of the Surgical Society of Paris (*Journal de Medecine de Paris*, October 25, 1885). Regarding the cause of repeated attacks of erysipelas occurring in the same individual, he said that it was easy enough of explanation when there was contact with other cases of the same disease, but in an instance like the following the cause was less easily discoverable. A Sister of Charity had had twelve attacks of erysipelas in eight years, the disease returning without any apparent cause, as the sister had had nothing to do with others suffering from the same affection. On examining the patient, M. Verneuil found a number of eczematous scales on the scalp, and some little cracks in the skin between the pavilion of the ear and the head. He thought that in this case the microbes of erysipelas inhabited the scalp and found admittance from time to time as new cracks formed behind the ear. He related also other cases of a similar nature, from a study of which he had come to the conclusion that the erysipelatous germs may exist for an indefinite period on certain portions of the body, and then the disease manifests itself anew upon the appearance of the slightest abrasion. He advised a thorough disinfection of the whole body in every individual who have suffered from an attack of erysipelas in order to prevent relapses. In contrast with these views however, are those expressed by Dr. Labastide in an article on perversion of nutrition published in *L'Abeille Medicale* of October 26, 1885. He relates the case of a lady, fifty-seven years of age, who had suffered for many years from repeated attacks of erysipelas, recurring at very short intervals and excited by the slightest causes. The patient had tried various modes of treatment for years, but always without success; and her existence was one of misery, for she never knew, on going to bed, whether she would awake with a red face or one of natural color. It was noticed, however, that emesis and purgation shortened the attacks somewhat, and it was also ascertained

that the patient suffered much from acid eructations. It was conjectured that the repeated attacks of erysipelas were dependent upon disordered digestion and malassimilation, and as a corrective of this condition pancreatine was ordered. During the five months which had elapsed since this treatment was begun there had been no erysipelatous attack, and the patient had improved in every way. The result of treatment in this case led the writer to believe that the cutaneous affection was directly dependent upon a perversion of nutrition.—*Medical Record.*

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## *WOUND OF THE GRAVID UTERUS, WITH REPRODUCTION OF THE AMNIOTIC FLUID.*

At the Italian Congress in Perugia Dr. Chiara related a case of a woman, thirty-four years of age, who had a large abdominal tumor. It had been noticed for about four months, and was bilobular. The left lobe was of the size of an orange, and fluctuating; the right was less distinctly fluctuating, and extended as high as the hypochondrium, being apparently inseparable from the uterus, the neck of which was small. There was complete amenorrhœa. Pregnancy was at first suspected, but this diagnosis was afterward rejected. A trochar was introduced into the left lobe, and about thirteen ounces of a slightly albuminous fluid was withdrawn. A second puncture gave exit to a reddish gelatinous fluid. A diagnosis of cystic sarcoma was then made, and an operation was decided upon. Laparotomy was performed, and, one lobe being punctured, a fœtal head was discovered. The other lobe, the real tumor, having chocolate-colored contents, was then removed, and the wound of the uterus was closed with sutures. Labor took place later, and presented nothing abnormal; and although recovery was slow, it is now complete.—*Journal d'Accouchements*, October 30, 1885.

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## *THE TIME OF DAY WHEN BABIES ARE BORN.*

A distinguished obstetrical professor seems destined to be shorn of one of his best annual lecture jokes, viz: "Babies," he used to say, "are generally born at night, because their time is up!" The rude hand of the statistical investigator dispels this bit of facetiousness. Dr. Leaman, of Philadelphia, in an analysis of six hundred cases published in the *Medical Times*, finds that three hundred and nineteen were born between the hours of 6 A. M., and 6 P. M. The greatest number occurring during one hour, forty, was between 7 and 8 A. M. The least number, twelve, occurred between 12 M. and 1 P. M. Dr. A. W. Hamilton also combats, in the *Indiana Medical Journal*, the general belief that the majority of births occur during the night.

He has kept a record on this matter, and finds that quite as many children are born during daylight as during the night.—*Med. Record.*

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## *SEA-VOYAGING AS A CURE FOR BARRENNESS.*

Surgeon-General Charles R. Francis writes to the *Indian Medical Gazette* an instructive and suggestive letter upon the subject of the influence of sea-voyaging upon the genital function. As will be seen, sea-voyaging is at times a therapeutic measure of prodigious, not to say dangerous, potency. Dr. Francis says: "A young lady in India, of leuco-phlegmatic temperament, and remarkable for want of energy, which was conspicuous even in her languid mode of speech, had been married for seven years without any prospect of having a family, there not having been the slightest indication of pregnancy during the whole of this period. The husband was also young, and in good health. Being, however, of a kindly disposition, and never expecting to be as ladies wish to be, etc., Mrs. A—— surrounded herself with pets—small dogs, birds, and a monkey. At the end of the seven years she accompanied her husband (a civilian) to England on a furlough. They went by the long sea-route round the Cape (of Good Hope). In those days—I speak of thirty years ago—a voyage home in a sailing-vessel (one of the large passenger ships of the time) was very invigorating. A comfortable cabin—one's own private residence for three months at least, so different to the comfortless system of berths in a general cabin in a so-called overland steamer—the soothing influence of the sea, the tonic air, etc., all combined, provided one was abstemious in the matter of food and intoxicating drinks somewhat freely provided in most of these vessels, to produce (in good sailors) a vigorous state of health, which, coming after a lengthened sojourn in a hot climate, was especially enjoyable. The lady was pregnant; and the activity of the reproductive function (thus roused) being maintained for several years, even after the return to India, this pregnancy was followed by others; and, as a matter of fact, a child was born annually for ten successive years, the deficiency of the first septennial period being rather too prolifically made up afterward. I have been six times round the Cape in passenger vessels and four times overland, and I quite believe in the stimulating effect —not always for good—of a sea-voyage (long or short) upon the ovario-uterine organization. In prescribing this remedy, however, in cases of sterility, the medical practitioner might, with the experience of that just related, be inclined to pause, feeling that possibly his patient might hereafter tax him with having prescribed rather too much of a good thing!"—*Med. Record.*

## EDITORIAL.

*"In things essential, unity; in things doubtful, liberty; in all things, charity."*

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### *CLOSE OF ANOTHER YEAR.*

How rapidly the months roll by; whether we be ready or otherwise, time waits not, delays not. It seems but a brief day since we were trying to accustom ourselves to write 1885 instead of 1884, and yet the present number completes the series of another year's work. In looking over the year we feel there is much to congratulate ourselves upon; for while we have the same sense of regret that all experience who labor for the common good—the same feeling of shortcoming—yet we look over the accumulated numbers with a degree of complaisance; we feel that we have afforded to our readers a large amount of good matter; a large number of contributors from every part of the country have furnished our material; and in all respects we are vain enough to believe the JOURNAL is more than worth its cost, as we know it is more than welcome to a large circle of readers.

Before this number reaches its varied destination, we shall be busy with the initial of 1886. The printers cry for "copy" is inexorable. We proceed, therefore, in the regular order of the months and years, with our routine of work—trusting to the good will of our friends for the help that is necessary to make and sustain a good journal—trusting to their good will to bear with inevitable shortcomings. Our plans and arrangements for another year contemplate work, and anticipate various matters and changes which we believe will add to the value and interest of the JOURNAL, in short will be for the benefit of our readers; but after all the long past of our mutual intercourse is the best guaranty of the future. Without more ado, we express our thanks to our subscribers for the kindness and patronage of another year: again we ask its earnest continuance; and to all our readers we extend the congratulations and good wishes of the Christmas that is rapidly approaching.

THE HIGHEST AWARD,

**GOLD MEDAL,**

Has been granted to

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FOR INFANTS AND INVALIDS,

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Its ease of digestion and ready assimilation and its fat producing and strengthening qualities, makes it especially valuable in the various conditions in which the combination is indicated.

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Is giving universal satisfaction to the profession, for its mild but certain and efficient cathartic action. It seems to be *almost* a *specific* for *habitual constipation*, and we are constantly in receipt of the most flattering reports regarding it. The care we use in its preparation—having the bark always the proper age, and properly exhausted—makes it always reliable in its action. Be sure and specify S. & B.'s Buckthorn Cordial.

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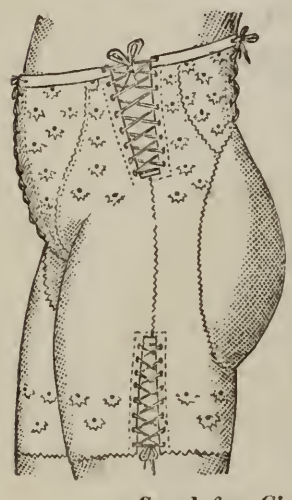

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**Measurement must be accurate to insure perfect fit.**

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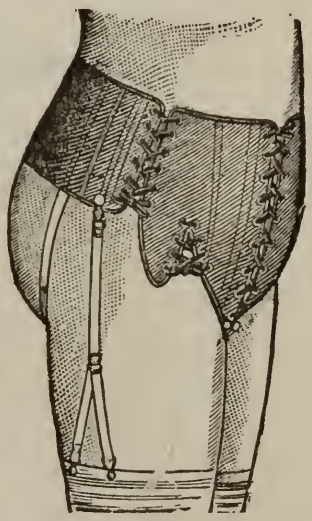

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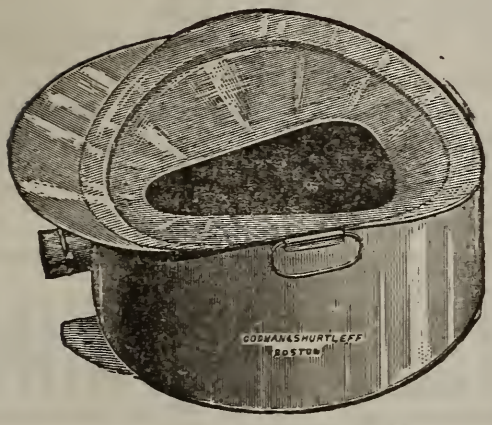
Designed by Dr. W. H. BAKER.




VAGINAL DOUCHE PAN.

DOUCHE PAIL.

The pan is made of tin, and is of sufficient size to contain the large quantity of water used in a single douche It is suitably curved to support the buttocks comfortably, and is provided with a broad flange in front to prevent the water flowing from the vagina from wetting the bed. The pail, also of tin, will contain six quarts, which in most cases is sufficient for a single douche. Fitted to the pail is a long rubber tube provided with a compressing catch and a vaginal tube of hard rubber. The hard rubber tube is superior to that of block tin in being a poorer conductor of heat, and therefore less likely to cause annoyance when *in situ*. This vaginal tube is provided with holes only in the sides of the bulbous end, as water is less liable to enter the uterus than when the tube has a central aperture. Directions for using on application. **Price, complete, $3.50.**

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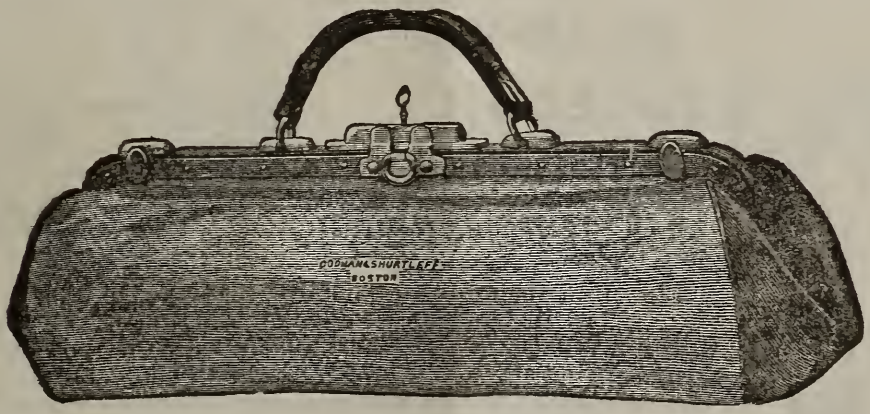


These have been constructed to meet the want for a shallow bag, long enough to carry Obstetric and Gynecological Instruments, etc. They are of brown or black grain leather, lined with chamois skin, contain a pocket, have nickel-plated steel mountings, and are made in two lengths, with 13 and 15 inch frames, and will accommodate instruments 14 and 16 inches in length. **Price of either, $4.50.**

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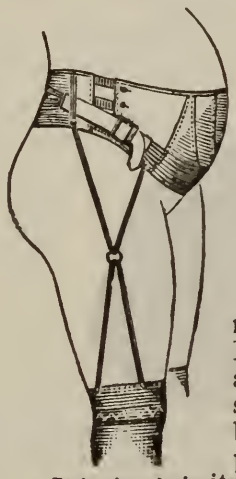
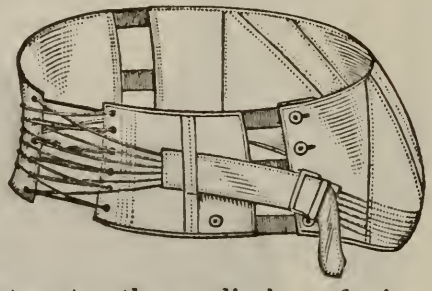


## DR. LINQUIST'S SWEEDISH ABDOMINAL SUPPORTERS.



In introducing this supporter to the medical profession, my aim is to present a useful, durable and cheap article. It is different from the many abdominal *Belts* now in use. The accompanying cut will show that by tightening the straps on the sides it elevates the abdominal viscera and raises it gently from the body of the fundus; it gives an even and gentle pressure over the pubes, and maintains a firm support to the abdomen.

It is simple in its action, fits well and is worn with great comfort. The Hose supporter is an important feature for keeping the Supporter in place when the form is slender. The Sweedish Supporter is receiving the fullest indorsement from the medical profession.

They are made in sizes from 26 to 42 in. even numbers, above 42 made to order. In ordering give snug measure next to the skin around the lower part of the abdomen over the hips.

The Supporter will be sent by mail, free of postage, to physicians on receipt of $2.00. Retail price $3.00. Hose Supporter 35cts., retail 50cts. Made to order, 50cts. extra. Discount to the trade.

M. F. LINQUIST, M. D., New Haven, Conn.

# MURDOCK'S LIQUID FOOD.

## *Its Value in Surgical Cases.*

Extract from the New England Medical Monthly, July 15, 1885.

Operation performed by Dr. Wm. C. Wile, the editor, in presence of Drs. Henry, Porter, Berry, De La Mater, Hill, Young, and Elliott; the subject sixty-two years old; married; no children.

Examination by himself, also Dr. T. Gailard Thomas, of New York, showed that she had a tumor and that it was simply a cyst of the left ovary.

"For two weeks she was placed upon preparatory treatment consisting of general tonics combined with Murdock's Liquid Food, and for three days prior to the operation, of liquid nourishment with Murdock's Liquid Food.

Immediately after the operation, February 23, the temperature was 98 deg., pulse 94; the patient suffered very little from shock and rallied well.

At 6 P.M. temperature was 99.1 deg., pulse 96; I gave a hypodermic injection of one-fourth of a grain of morphia, and an enema of one ounce of Murdock's Liquid Food. Feb. 24, 1 A.M. another enema. From this time until 3 30 A.M. she rested quietly; 6 A.M. temperature 100 deg., pulse 90; 3 P.M. temperature 100.5 deg., pulse 114; passed a comfortable day, took several enemata of Murdock's Liquid Food and one of milk brandy, which not being well retained was abandoned, and from this time out nothing but Murdock's Liquid Food was used.

February 25, rested splendidly all night.

February 26, 6 A.M. pulse 98, temperature 98.2 deg, feels first-rate and clamors loudly for food, no soreness, no tympanitis, continued Liquid Food and beef peptonoids in teaspoontul doses at intervals during the forenoon. At noon two oysters and a small plate of toast. At 6 P.M. temperature 100.2 deg., pulse 98.

February 7, temperature 100 deg., pulse 90. Has taken the usual enemata of Murdock's, and also small quantities of Murdock's, broth, brandy, and peptonoids.

February 8, temperature 99.5 deg., pulse 86. Mar. 1, temperature 99 deg., pulse 86. Mar. 2, temperature 98.7 deg., pulse 78.

March 3, the eighth day from the operation, all the sutures were removed and the wound was found to have healed by first intention.

On the fourteenth day she sat up in bed; on the twenty-first, when my last visit was made, she went into the dining-room to dinner.

It will be noticed that the nourishment which the patient took for the first three days after the operation consisted entirely of enemata of Murdock's Liquid Food and also that for the first week it was the principal diet. I consider that it rendered me the most valuable service in sustaining life in this case, as it has in many others in which I have used it."

**We are constantly receiving letters from surgeons and physicians of the benefit of Murdock's Liquid Food to them in surgical cases, all meeting with the same results as Dr. Wile Our Free Surgical Hospital is open to the profession for their own private cases, or we will care for any case which may be sent us.**

---

7 SNOW HILL, LONDON, July 12, 1885.

TO M. DOLAN, M. D.,

Editor of Provincial Medical Journal of England.

DEAR SIR.—My attention has been drawn to an article in your Journal of July, 1885, on Murdock's Liquid Food.

I beg to offer a few facts to advise why Dr Stutzer, Director of the Imperial Chemical Laboratory for Rheinish. Prussia, gave his opinion in the language he used (and gave his preference to Beef Peptonoids and Beef Extracts).

The fact that my Liquid Food is the only Raw Condensed Food, or Food Extract in the world, shows why it was not acceptable to him, in smell or taste. We rest its value on results obtained when all other treatments of Medicines, Extracts, and Foods fail.

An Extract cannot possess the properties of common Food; or common Food, of condensed Food; or Condensed Food, of Raw Condensed Food, free from insoluble matter; that can be retained by the stomach when so weak as to refuse water, and this shows its value over all other Foods and Extracts, though some may think they smell, taste or look better, as tastes differ. Liquid Food carries the flavor of the articles from which it is made, and can be altered every time it is taken, if desired. Any patient after taking it a few times, who dislikes the flavor will grow to like it, especially when they find they are growing better daily by its use. Show me any and all other preparations in the market—or that can be compounded—combined, that can create ten pounds of blood, monthly with four pounds. Liquid Food is doing this outside as well as inside our Free Hospital of seventy beds, as it will restore the stomach to action.

Our Liquid Food is always sweet and we so warrant it in all countries.

"The process of decomposition," he mentions, comes from its richness and will not appear if he will reduce it on taking, it will then be superior to Beef Peptonoids, and a greater reduction will make it then better than Beef Extracts.

Yours Respectfully,

A. L. MURDOCK.

---

Liebig also tells us, "Were it possible to furnish the market at a reasonable price with a preparation of meat containing in itself the albuminous, together with the extractive, principles, such a preparation would be preferred to his (preparation) 'Extractum Carnis,' for it would contain ALL the nutritive constituents of meat. Again, I have before stated that, in preparing the extract of meat, the albuminous principles remain in the residue; they are lost to nutrition, and this is certainly a great disadvantage."

**Sufficient has been said to show that what Professor Liebig and the whole medical profession were so anxious to obtain during the last fifty years they now have in**

## MURDOCK'S LIQUID FOOD.

Confirmed by there being no relapse in fever when used, and it relieving the consumptive from hunger, restoring those suffering from general debility and chronic diseases.

The cost is two-thirds what the raw meats cost of which the leading hospitals of London used to make their extracts, they did for many years, not being able to obtain an extract equal to their own. They now use Murdock's Liquid Food daily, as it is cheaper, richer, and always available when all other extracts and foods are refused by the stomach.

Among our best customers for Murdock's Liquid Food are the Governments of the United States, England and the leading Governments of Europe; also all hospitals and physicians in those countries that have tried it.

**Beware of Extracts labelled Original Liquid Food and other names, as we sue all manufacturers that take our Trade Mark, Essays and Hospital Reports.**

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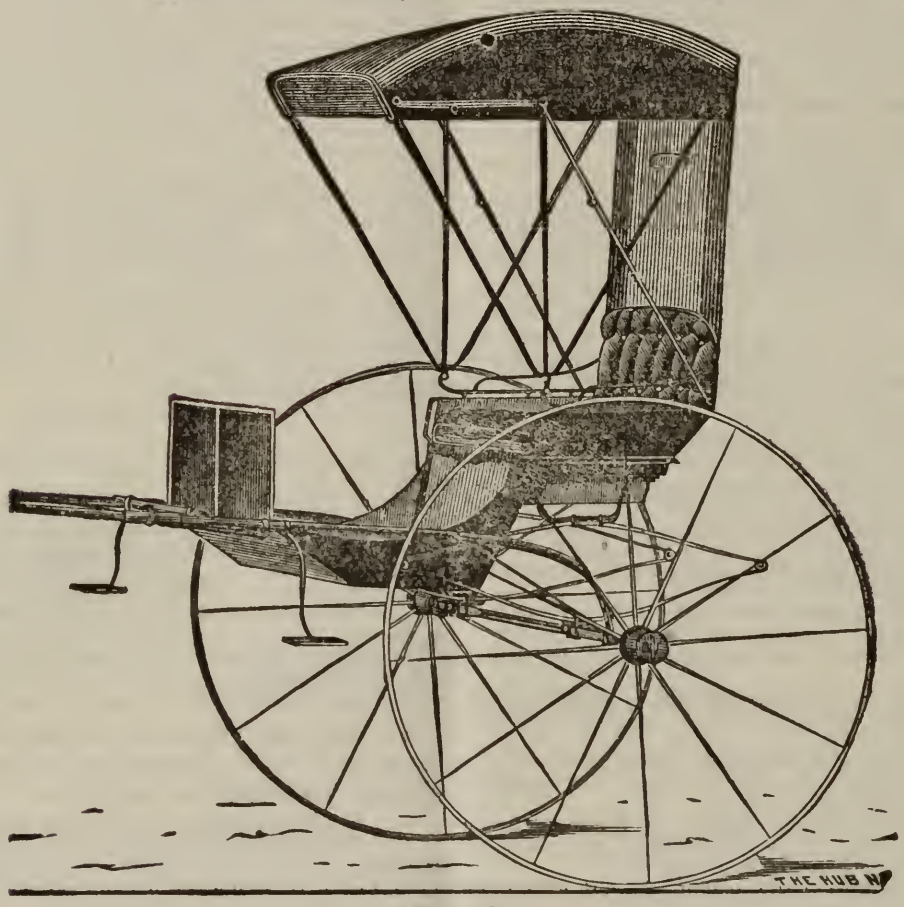


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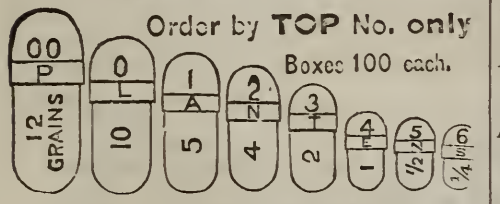


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In its pure state it changes readily on exposure to moisture, air and light; and when so changed in color or smell, is unfit for medical use. To prevent this it must be recovered in its nascens state, by combining it, atom for atom, with syrup or glycerine, when it will remain unaltered for an indefinite period. Combined with syrup we obtain our

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each tablespoonful of which contains 2 1-2 grains chemically pure nascent Phenic Acid.

From medical works, journals, letters and statements of physicians we learn that brilliant successes have been obtained from this preparation in the treatment of zymotic diseases, as SCARLET FEVER, DIPHTHERIA, MEMBRANOUS and DIPHTHERITIC CROUP, TYPHOID, TYPHUS and TYPHO-MALARIAL FEVER, SEPTICÆMIA, ERYSIPELAS, etc., etc. Physiclans specially recommend it in MALARIA as an antiseptic in general to prevent contagion; hasten convalescence: check suppuration, and oppose the fermentative changes which cause an alteration of the normal proportion of red corpuscles of the blood. It can be given in alternate doses with our other compound preparations, when the full Phenic Acid effect is desired.

It is indicated in all disturbances where the tongue is of a dark or angry red, and many patients will at once convalesce on the use of the remedy.

Dose, one tablespoonful, three times daily before meals.

Many physicians prefer a combination of Sulphur with Phenic Acid. For such we prepare

## SYRUP OF SULPHO PHENIQUE.

each tablespoonful of which contains Sulphuretted Hydrogen and Ammonia Phenate combined, 2 5 6 grains.

The profession have found this combination specially serviceable in SCARLET FEVER, DIPHTHERIA, CROUP, TONSILLITIS, QUINSY SORE THROAT; chronic forms of RHEUMATISM, GOUT, ASTHMA, and CUTANEOUS AFFECTIONS, and all cases, in short, where sulphur is indicated. In CHRONIC NASAL CATARRH, in conjunction with the topical application of Glyco Phenique, it is universally remedial. In SMALL POX it will abate the disease, prevent pitting, and so arrest the eruption in the vesicular stage that the results in of the supperative stage and secondary fever will be prevented.

This compound may be relied on in DYSPEPSIA.

Dose, one tablespoonful, three times daily before meals.

It frequently happens that the lesions left by acute disorders and constitutional diathesis require an alterative, for which purpose Iodine and Iodide of Potassium have always held the first place. With these we prepare our

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This combination is in universal demand by the profession for the treatment of SCROFULA, and all diseases arising from a strumous or scrofulous diathesis. TUMORS, HIP JOINT DISEASE, CARIES and NECROSIS of bone, CANCER, SYPHILIS, and all specific and constitutional diseases; ERYSIPELAS, ACUTE and CHRONIC SKIN DISEASES. In MALARIA it is prompt, speedy and effective, abating the paroxysm, and preventing future attacks In "biliousness" or "liver complaint" it has no superior. In SCARLET FEVER it should be used alternately with Syrup of Nascent Phenic Acid.

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Dose, a tablespoonful, three times daily before meals.

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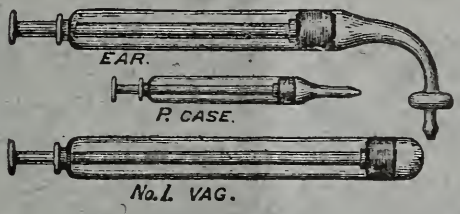


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